



Date Received: \_\_\_\_\_

**VARIANCE/APPEAL REQUEST**

P.O. Box 196 ♦ 2061 Grothe Road ♦ Flint Hill, Missouri 63346 ♦ (636) 327-4441 ♦ info@cityofflinthill.com

APPLICANT NAME: \_\_\_\_\_

APPLICANT ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

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PROPERTY OWNER: (Only if different than Applicant)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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LOCATION (ADDRESS): \_\_\_\_\_

LEGAL DESCRIPTION OF PROPERTY (other than address): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EXISTING ZONING: \_\_\_\_\_

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FOR A VARIANCE, PLEASE COMPLETE THE FOLLOWING:

VARIANCE REQUESTED: \_\_\_\_\_

JUSTIFICATION FOR VARIANCE REQUESTED: \_\_\_\_\_

FOR AN APPEAL, YOU MUST ATTACH A COPY OF THE ORDER OR DECISION FROM WHICH APPEAL IS SOUGHT AND COMPLETE THE FOLLOWING:

NAME AND TITLE OF CITY OFFICIAL(S) RENDERING ORDER OR DECISION FROM WHICH APPEAL IS SOUGHT: \_\_\_\_\_

JUSTIFICATION FOR APPEAL: \_\_\_\_\_

ATTACH A LIST OF NAMES AND ADDRESSES of every owner of property which abuts the property subject to this Request.

**SUPPLEMENTAL INFORMATION REQUIRED**

The application for a hearing before the Board of Adjustment shall include the following:

- A. A scaled map of the property subject to this Variance/Appeal Request, correlated with the legal description, and clearly showing the property’s location.
- B. A non-refundable fee shall be paid by the applicant or applicants. This shall include the reporter’s charges for making a record of the testimony, objection and rulings at the hearing upon such application and, in the event of an appeal of the decision of the Board of Adjustment, for preparing a transcript of such hearing.

If the charges of the reporter shall exceed the amount of such deposit, the applicant or applicants shall be obligated for the payment of all such charges and shall upon demand by the Board of Adjustment make an additional deposit in the amount designated in the demand of the Board of Adjustment

NOTE: This Application will be reviewed for decision only after this form is completed, the applicable fee is received, and such other requirements of applicable City ordinances are satisfied.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

DATE SUBMITTED: \_\_\_\_\_

NOTE: By affixing signatures hereto, the Applicant and Owner hereby verify that: they have reviewed the applicable zoning and subdivision regulations; they are familiar with the specific requirements relative to this application; and they take full responsibility for this application. The above signatures further indicate that the information provided on this form and on any additional data attached hereto is true, complete, and accurate.

See Article 29 of the Zoning Ordinance of the City of Flint Hill.