

# City of St. Joseph

1100 FREDERICK AVENUE  
Planning & C.D. Department  
Planning & Zoning Division

ST. JOSEPH, MISSOURI 64501-2346  
Telephone (816) 271-4773  
Telefax (816) 271-4752

CASE NUMBER

## Commercial/Multi-Family Residential APPLICATION FOR APPROVAL OF A VARIANCE FROM THE ZONING BOARD OF ADJUSTMENT

Non-Refundable Filing Fee Must be Attached:

- UNDER 20,000 SF \$920.00       OVER 20,000 SF \$1,210.00

- **Street address of the Property:** \_\_\_\_\_
- **Legal Description of the Property (must be provided digitally as well as written unless it is lot and block):** \_\_\_\_\_  
\_\_\_\_\_
- On a separate sheet of paper, fully describe the activity for which you are applying for a Variance from the Zoning Board of Adjustment. Include proposed hours of operation, expected traffic volumes, staffing levels, parking availability and any other information that would be helpful. Please do not exceed one sheet of paper. This information will be included in a letter that will be sent to all property owners within 185 feet of your property.

### THE UNDERSIGNED HEREBY APPLIES FOR THE APPROVAL OF A VARIANCE FROM THE ZONING BOARD OF ADJUSTMENT

With the signing and submittal of this application, the property owner authorizes the City of St. Joseph to enter onto the subject property to collect data and other information in order to accurately prepare reports or other documentation for review by the City Council, City boards & commissions, and City departments.

- **Signature of Applicant:** \_\_\_\_\_  
Print or type name: \_\_\_\_\_  
Address of applicant: \_\_\_\_\_  
\_\_\_\_\_  
Telephone number of applicant: \_\_\_\_\_
- **Signature of property owner or his/her legal representative:** \_\_\_\_\_  
Print or type name: \_\_\_\_\_  
Address of property owner or his/her legal representative: \_\_\_\_\_  
Telephone number of property owner or his/her legal representative: \_\_\_\_\_

Items to be submitted with application:

1. \_\_\_ This completed application -- all sections must be completed or application will be deemed invalid.
2. \_\_\_ Plot plan showing position of proposed alteration or new construction in relation to the property line: One full size copy and 15 – 11" x 17" copies (copies from PMT reduction)
3. \_\_\_ One separate sheet of paper explaining intended use of property.
4. \_\_\_ Non-refundable application fee.
5. \_\_\_ Materials required on checklist (see back).

To be completed by city staff only: Current zoning of property: _____ Provision(s) under which relief is requested: _____ _____ Date application recvd: _____ Date filing fee recvd: _____ Amt. of filing fee: _____ Staff initial: _____
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