

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 _____

Single or Two-Family Residential APPLICATION FOR APPROVAL OF A VARIANCE FROM THE ZONING BOARD OF ADJUSTMENT

Non-Refundable Filing Fee Must be Attached: \$295.00

- **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. ___ \$295.00 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: _____

Staff initial: _____