



Fax: (816) 630-9572

COMMUNITY DEVELOPMENT
PLANNING & ZONING
201 East Broadway
Excelsior Springs, MO 64024
Phone: (816) 630-0756

FOR OFFICE USE ONLY	
Fee:	
	<u>\$225.00</u>
Date	Received:

Variance Application Board of Zoning Adjustment (BZA)

Applicant Name (Please Print): _____

Applicant Address: _____

Applicant Phone: _____ **Applicant Email:** _____

Applicant's standing as appellant (Owner, contract purchaser, lessee, attorney, developer, etc. – all that apply):

Property Location: _____

Requested Variance: _____

Present Zoning: _____

- Please attach a copy of the owner's **WARRANTY DEED** or a **TITLE REPORT** with the complete and correct legal description for the subject property.
- Copies of any covenants or deed restrictions pertaining to the subject property must be provided to the Planning and Zoning office.
- Please include a list of neighboring property owners, which must include the name and address of all owners within 185 feet of the subject property. This information must be obtained from either the County Assessor's office or a local title company.
- Site plans are requested and must be to scale. Applicant must include an 8 ½ x 11 copy.
- A copy of the staff report and the agenda will be mailed to the address provided three (3) working days prior to the meeting.

Applicant

Owner (If different from applicant)

Date

Date