

NOTICE OF APPLICATION TO THE BOARD OF ADJUSTMENT

Office use only CASE # _____

To: Board Of Adjustment
 Attn: Secretary, Board of Adjustment
 801 E. Walnut Street, Rm. 315
 Columbia, MO 65201 (573) 886-4330

ONE FORM PER VARIANCE REQUEST

SUBJECT: Notice of application in regard to the following described property located in Boone County, Missouri (legal description). Attach warranty deed, deed of trust or survey and complete the following:

_____ . _____
 Tax Parcel Number legal description

and known, or to be known as _____
 street or route City, Zip Code

Notice is hereby given that I/we the property owner apply to the Board of Adjustment of Boone County, Missouri for permission to make the following described use of the described property. Please be as detailed as possible, incomplete or unclear requests may result in delay of your application being processed.

Authority to grant said permission is given to the Board of Adjustment by Section 15C, Boone County Zoning Regulations. If the Board of Adjustment grants permission as requested, there will still be substantial compliance with the Zoning Regulations, the spirit of the Zoning Regulations will be observed, public safety and welfare will be secured and substantial justice will be done. I/We request that the Board of Adjustment grant the above described request and that a Certificate of Decision be issued by said Board to that effect.

ADDITIONAL INFORMATION: Attached hereto and made part hereof is a sheet entitled "Parties in Interest" which lists the names and addresses of all parties in interest, including all property owners within 1,000 feet of the subject property, to the best of my/our belief, and a copy of the current owners deed to the property. (May be obtained from the Assessor's Office)

Enclosed is an application fee of \$150.00. I understand I will be billed for additional fees including mailing, public notice, and recording costs. The above information is true and correct to the best of my knowledge.

 Signature of owner(s) Date Print Name

 Email Address Address

 Daytime Phone City State Zip

***Bill additional fees to (if applicable):**

 Print Name Phone

 Address Email Address

 City State Zip

I hereby acknowledge receipt of application: _____
 Secretary, Board of Adjustment Date