

### NOTICE OF APPLICATION TO THE BOARD OF ADJUSTMENT

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

\* Indicates a required field

SUBJECT: Notice of application in regard to the following described property located in Boone County, Missouri:  
LOT 1, 2 AND 3 BLOCK 1 BLUEGRASS HILLS SUBDIVISION AS SHOWN  
12 - 300 - 02 - 01 - 001 - 00 IN PLAT BOOK 11 PAGE 170  
\*Tax Parcel Number \*legal description (attach separate form if necessary)  
and known, or to be known as 6506 E SPIVA CROSSING ROAD HALLSVILLE, MO. 65255  
\*street or route \*City, Zip Code

\*Notice is hereby given that I/we the property owner apply to the Board of Adjustment, Boone County, Missouri for a variance from Zoning/Subdivision Regulations Section(s) T.A.S  
(circle one) (use separate form for each requested variance)

\*Reason for request (attach a separate sheet if needed): TO ALLOW A SECONDARY STRUCTURE TO REMAIN NEARER TO THE FRONTYARD SET BACK THAN THE PRIMARY STRUCTURE

Type and location of building the variance is requested for, if applicable. (May be indicated on survey or aerial photograph - attach copy) THE SECONDARY STRUCTURE SOUTH OF THE HOUSE

\*Current zoning: A-2 \*Current use of the property: RESIDENTIAL SINGLE FAMILY

Proposed use if different from above: \_\_\_\_\_

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.

**I understand that only the variance requested above will be heard by the Board. I also understand that if an additional variance is required it will not be heard before the Board until the variance is advertised and notice has been given to interested parties as required.**

Attached hereto and made part hereof is a list with 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 owner's deed to the property.

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.

Hannah Foster [Signature]  
\*Signature of owner(s) Date

Hannah Foster Aaron Foster  
\*Print Name

\*Daytime Phone \_\_\_\_\_

6506 E. SPIVA CROSSING RD.  
\*Address

Bill additional fees to (if applicable): \_\_\_\_\_

HALLSVILLE MO. 65255  
\*City & Zip

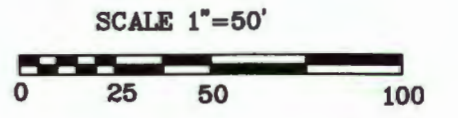
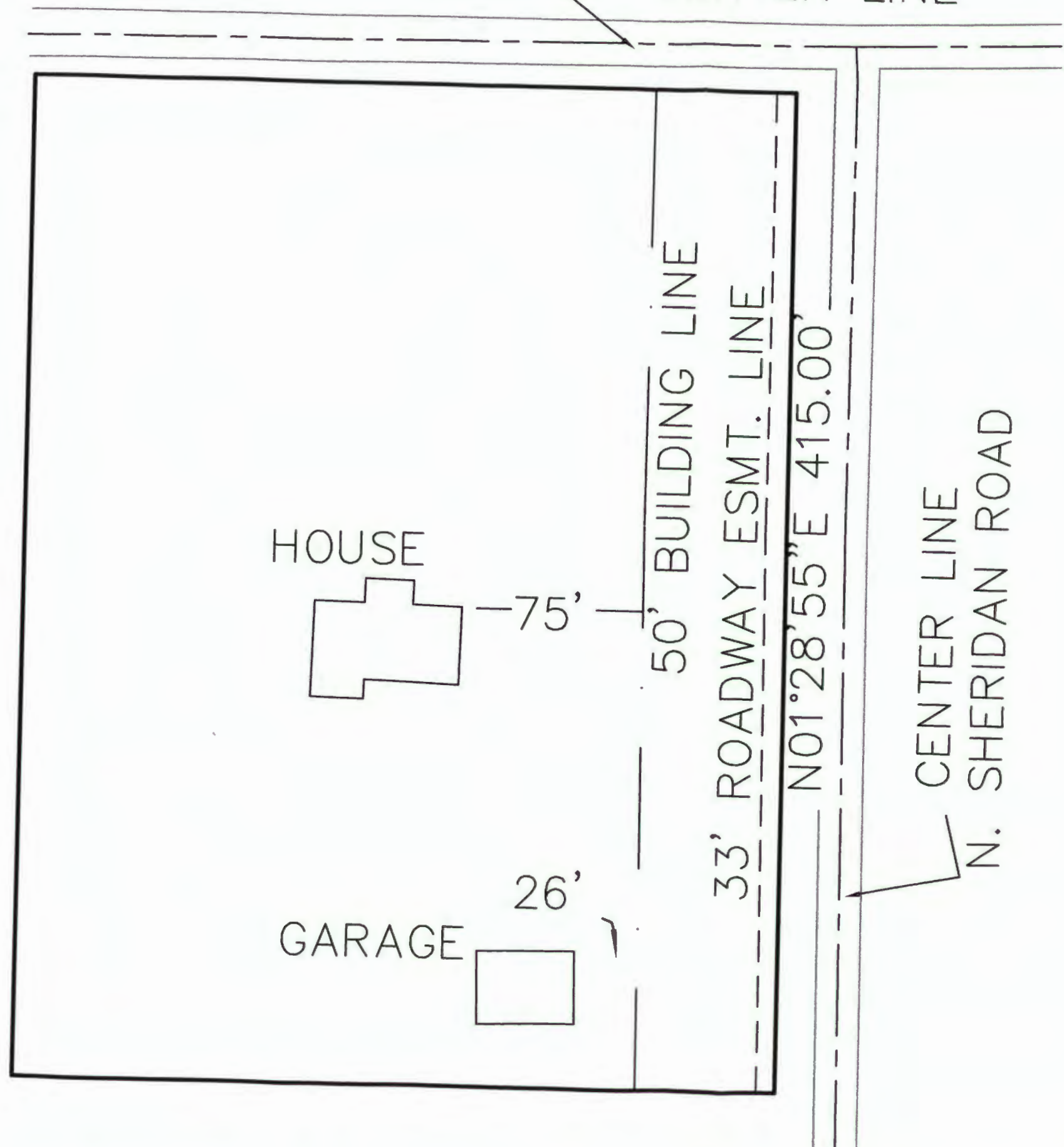
Name phone

I hereby acknowledge receipt application:

Address

[Signature] 8/23/19  
Secretary, Board of Adjustment Date

E. SPIVA CROSSING  
CENTER LINE



BOARD OF ADJUSTMENT  
DISPLAY DRAWING

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