Office use only	2020-009
Case #	

## NOTICE OF APPLICATION TO THE BOARD OF ADJUSTMENT ONE FORM PER VARIANCE REQUEST

Submit forms to:

Board of Adjustment, Attn: Secretary, Board of Adjustment, 801 E Walnut St, Rm 315, Columbia, MO 65201

SUBJECT: Notice of application in regard to the following described property located in Boone County, Missouri:

02 _ 600 _14 _00 _005 _00	SEE ATTACHMENT
*Tax Parcel Number and known, or to be known as 1215 WES	*legal description (attach separate form if necessary) ST HARPER ROAD CLARK 65243
* street or ro	ute *City, Zip Code
*Notice is hereby given that I/we the proper Missouri for a variance from <u>Zoning/Subdivi</u> circle one)	ty owner apply to the Board of Adjustment, Boone County, ision Regulations Section(s)
	TO ALL OWLA CARACE AND A RADIN TO BENAN
*Reason for request (attach a separate she WITHIN A 50' FRONT YARD SET BACK.	et if needed): TO ALLOW A GARGE AND A BARK TO REMAIN
Type and location of building the variance is aerial photograph – attach copy) GARAGE AND A BARN	s requested for, if applicable. (May be indicated on survey or
*Current zoning: *Current	t use of the property: FARM AND SINGLE FAMILY HOME
Proposed use if different from above:	
Regulations. If the Board of Adjustment grant with the Zoning Regulations, the spint of the Z	the Board of Adjustment by Section 15C, Boone County Zoning ts permission as requested, there will still be substantial compliance Coning Regulations will be observed, public safety and welfare will be We request that the Board of Adjustment grant the above described ssued by said Board to that effect.
	ted above will be heard by the Board. I also understand that if ' t be heard before the Board until the variance is advertised and as required.
	with the names and addresses of all parties in interest, including all ct property, to the best of my/our belief, and a copy of the current
	nderstand I will be billed for additional fees including mailing, public nation is true and correct to the best of my knowledge. Learne Ross
*Signature of owner(s) Date	*Print Name
573-881-5133	1215 WEST HARPER ROAD
*Daytime Phone	*Address
Email Address	CLARK, MO. 65243 *City & Zip
Bill additional fees to (if applicable): KEVIN SCHWEIKERT 573-442-3110	
Name Phone	A
506 NICHOLS STREET SUITE A	I hereby acknowledge receipt of application:
Address	Auto TIMAD alalas
KEVINS@BRUSHENGSURV.COM	Secretary, Board of Adjustment Date
Email Address	eeseren ji saara ee eilaan een e

\*\*\*\*Incomplete forms will be rejected as an incomplete submission\*\*\*\*

