## NOTICE OF APPLICATION TO THE BOARD OF ADJUSTMENT

Office use only
Case # 2025-0

ONE FORM PER VARIANCE REQUEST \$190.00 Non-Refundable Application Fee

Submit forms to: Board of Adjustment, Attn: Secretary, Board of Ac	ljustment, 801 E Walnut St, Rm 315, Columbia, MO 65201
SUBJECT: Notice of application in regard to the fo	ollowing described property located in Boone County, Missouri:
03-200-09-00-003.00 S	EC 9 TWP SI RGE12 PT E 1/2 MW NW
*Tax Parcel Number and known, or to be known as 4200 Eas+ E	legal description (attach separate form if necessary) Fand GRoad Sturgeon WO. 65284 *City, Zip Code
variance from Zoning   Subdivision Regulation	(use separate form for each requested variance)
*Reason for request (attach a separate sheet if ne	eeded): Setting up a single wide trailer
for an aging parent. We need	to core for her so she needs to be close to family
	ested for, if applicable. (May be indicated on survey or aerial
*Current zoning: Agricultural Al-Current use	of the property: Residential and agricultural
Proposed use if different from above:	
the Board of Adjustment grants permission as reque the spirit of the Zoning Regulations will be observed	ard of Adjustment by Section 15C, Boone County Zoning Regulations. If sted, there will still be substantial compliance with the Zoning Regulations, public safety and welfare will be secured and substantial justice will be ant the above described request and that a Certificate of Decision be
	ove will be heard by the Board. I also understand that if an additional e Board until the variance is advertised and notice has been given to
	he names and addresses of all parties in interest, including all property he best of my/our belief, and a copy of the current owner's deed to the
Enclosed is an application fee of \$190.00. I understa recording costs. The above information is true and c	and I will be billed for additional fees including mailing, public notice, and correct to the best of my knowledge.
Melhota Densich 6-16-25	Melinda Demsich
	Print Name
	4200 East Eard GRoad
*Daytime Phone	Address
mindy wesel manne y choo. com Email Address	Sturgeon 65284
Bill additional fees to (if applicable):	
Name Phone	<b>A A B</b>
Address	hereby acknowledge receipt of application:  Secretary, Board of Adjustment  Date

**Email Address** 

