



Community Development Department
 6090 Woodson Street
 Mission, KS 66202
 Phone: (913) 676-8360
 Fax: (913) 722-1415

Permit # ____ - ____

Application to the Board of Zoning Appeals

Applicant Name:	Company:
Address:	
City/State/Zip:	
Telephone:	
Email:	
Property Owner Name:	Company:
Address:	
City/State/Zip:	
Telephone:	
Email:	
Address of Property:	
City/State/Zip:	
Zoning:	
Application Type	
Variance <input type="checkbox"/>	Appeal <input type="checkbox"/>
Description of Request	
Please provide a brief description of the request including specific Code Section and quantity of variance or decision for appeals:	

