

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

Phone: (913) 676-8360 Fax: (913) 722-1415

Application to the Board of Zoning Appeals

			9 - 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
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 □	Description of Boruso	Appeal □
		Description of Reques	I.
Please provide a brief d	escription of the request inc	luding specific Code Section	on and quantity of variance or decision for appeals:

Conside	eration of Variances
The Board of Zoning Appeals has the authority to grant vari Please explain how your application satisfies the conditions.	iances upon a finding that all of the following conditions have been met. Attach additional sheets if necessary.
The Variance requested arises from such condition whice same zone or district and is not created by an action of the	ch is unique to the property in question, is not ordinarily found in the property owner of applicant.
2) The granting of the variance will not adversely affect the	e rights of adjacent property owners or residents.
 The strict application of the provisions of this Title would in the application. 	d constitute unnecessary hardship upon the property owner represented
 The variance desired will not adversely affect the public welfare. 	c health, safety, morals, order, convenience, prosperity or general
5) Granting the variance will not be opposed to the genera	Il spirit and intent of the Title.
result of the filing of said application, City may incur certain attorney fee, and court reporter fees. Applicant hereby agre City as a result of said application. Said costs shall be paid	Development Department of the City of Mission, Kansas (City). As a expenses, such as but not limited to publication costs, consulting fee, ees to be responsible for and to reimburse City for all cost incurred by I within ten (10) days of the receipt of any bill submitted by City to or any of its commissions will be effective until all costs have been paid. Itef requested in the application.
X Signature (Owner) X Signature (Owner's Agent)	Date
************FOR	OFFICE USE ONLY**********
File Fee: \$	Meeting Date
	PC CC
	Date Notices Sent
Total:	Bute Notices Cont
Receipt #	
Notes:	Date Published
	Decision