



Application #: _____
 Date Submitted: _____
 Public Hearing: _____
 Date Approved: _____

CITY OF PARKVILLE • 8880 Clark Avenue • Parkville, MO 64152 • (816) 741-7676 • FAX (816) 741-0013

Application for Appeal of Administrative Decision

1. Applicant / Contact Information

Applicant(s)

Name: _____

Address: _____

City, State: _____

Phone: _____ Fax: _____

E-mail: _____

We, the undersigned, do hereby authorize the submittal of this application and associated documents and certify that all information contained therein is true and correct. We acknowledge that development in the City of Parkville is subject to the Municipal Code of the City of Parkville. We do hereby agree to abide by and comply with the above-mentioned codes, and further understand that any violations from the provisions of such or from the conditions as stated herein shall constitute cause for fines, punishments and revocation of approvals as applicable.

Applicant's Signature (Required) _____ Date: _____

2. General Information

Application # of the case in question: _____

Applicable section(s) of the Development Code in question: _____

3. Property Information

Property address / general location: _____

Parcel ID Number(s): _____ Zoning district: _____

Present use of the property: _____

4. Appeal Request

The appeal of administrative decisions is a process to determine if there was an error in any final decision in the interpretation, administration or enforcement of the Development Code by an administrative official of the City. Please describe the nature of the request:

Other comments or factors relating to this request:

5. Checklist of Required Submittals

- Completed application, including all required details and supporting data.
- Nonrefundable application fee of \$300.00. Separately, the applicant will be billed to recover costs for required publication, posted and mailed notice per Parkville Municipal Code, Title IV, Section 403.010, Subsection E.
- Applicant's signature.

For City Use Only

Application accepted as complete by: _____
Name/Title _____ Date _____

Application fee payment: Check # _____ M.O. _____ Cash

Hearing notice published in: _____ Date of publication: _____

Final reimbursable costs paid (if applicable). Date of Action: _____

Board of Zoning Adjustment Action: Approved Approved with Conditions Denied

Date of Action: _____

Conditions if any: _____