

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				
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:

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/Titl	e	Date		
Application Fee (25.0000): \$ Date Paid:	By: □ Check # □ Credit Card	□ MO# □ Cash		
Payment by:				
Final reimbursable costs paid (if applicable).	Date of Action:			
Hearing notice published in: Date of publication:				
Board of Zoning Adjustment Action: Approved Approved with Conditions Denied				
Date of Action:				
Conditions if any:				