



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 Variance**  
 Pre-application meeting required per Parkville Municipal Code Title IV, Section 403.010, Subsection C

**1. Applicant/Contact Information**

**Applicant(s)**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

**Engineer/Surveyor(s), preparing plans & legal desc.**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

**Owner(s), if different from applicant**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

**Contact Person, if different from 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: \_\_\_\_\_

**Property Owner's Signature** (Required) \_\_\_\_\_ Date: \_\_\_\_\_

**2. Property Information**

Address and general location:

*Attach a separate sheet with complete legal description of the property (if requested by Community Development Director).*

Zoning district: \_\_\_\_\_

Present use of the property: \_\_\_\_\_

Proposed variance (or use with variance):

**Attach a narrative addressing:**

1. How the requested variance arises from conditions which are unique to the subject property, that are not ordinarily found in the same zoning district and that are not a result of the owner's intentional action.
2. How the granted variance would not adversely affect the rights of adjacent property owners or residents.
3. How applying provisions of the zoning regulations for the requested variance constitutes unnecessary hardship or practical difficulties upon the property owner represented in the application.
4. How the variance desired will not adversely affect the public health, safety, morals, order, convenience, or general welfare.
5. How granting the variance would not oppose the general spirit and intent of the City Code.

**3. Neighboring land use, zoning, character and effects of variance on each**

<u>Land use</u>	<u>Zoning</u>
North: _____	_____
South: _____	_____
East: _____	_____
West: _____	_____
General character of the neighborhood: _____	

Effects of the requested variance on adjacent and neighboring properties:

Other comments or factors relating to this request:

**4. 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.
- Complete legal description of the applicable property (if requested by the Community Development Director).
- Authorized signature of the applicant and property owner.
- Three (3) copies 24" x 36" size, or larger sets, and one (1) electronic set (PDF format) of a site plan showing proposed variance in relation to property boundaries, existing and proposed topography, on and off-site, and other site features related to the proposed variance.

**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: \_\_\_\_\_

\_\_\_\_\_