



COMMUNITY DEVELOPMENT
PLANNING & ZONING
201 East Broadway
Excelsior Springs, MO 64024
Phone: (816) 630-9594
Fax: (816) 630-9572

FOR OFFICE USE ONLY
Fee: \$225.00 _____
Date Received: _____
Public Notice Date: _____
BZA Meeting: _____

Variance Application Board of Zoning Adjustment (BZA)

Applicant Name (Please Print): _____

Applicant Address: _____

Applicant Phone: _____ **Applicant Email:** _____

Applicant's standing as appellant (Owner, contract purchaser, lessee, attorney, developer, etc. – all that apply):

Property Location: _____

Requested Variance: _____

Present Zoning: _____

- Please attach a copy of the owner's **WARRANTY DEED** or a **TITLE REPORT** with the complete and correct legal description for the subject property.
- Copies of any covenants or deed restrictions pertaining to the subject property must be provided to the Planning and Zoning office.
- Site plans must be to scale. Applicant must include an 8 ½ x 11 copy.
- A copy of the staff report and the agenda will be provided to the address prior to the meeting.

Applicant

Owner (If different from applicant)

Date

Date