

CITY OF STE.GENEVIEVE, MISSOURI

165 S. Fourth Street

Ste. Genevieve, MO 63670

Phone (573) 883-5400 Fax (573) 883-8105

**APPLICATION
CERTIFICATE OF APPROPRIATENESS
UNNECESSARY HARDSHIP**

PLEASE FILL OUT COMPLETELY

PLEASE PRINT

PROJECT / APPLICANT INFORMATION

ADDRESS: _____

APPLICANT/PROPERTY OWNER: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____ E-MAIL: _____

*** Email to be used for any communication by city staff. ***

HARDSHIP INFORMATION

Please give a brief explanation of the cost differential for your proposed project completed within the guidelines versus varying from the guidelines and / or simple maintenance: (attach additional pages if needed)

WITH THIS APPLICATION, PLEASE INCLUDE:

- Federal Income Tax Returns for the previous two years showing your taxable income after deductions.
- Proof of any extraordinary medical expenses you would like to be considered in making this determination.
- Cost estimates from contractors or other sources as applicable.
- Any other documents you would like considered in this determination.

All financial information will be kept confidential. Only the administrator and commission members will have access to this information. The application and documents though will be public document.