

CITY OF STE.GENEVIEVE, MISSOURI

165 S. Fourth Street
Ste. Genevieve, MO 63670
Phone (573) 883-5400 Fax (573) 883-8105

Variance Application

FEE: \$100.00
PAID:

DATE
RECEIVED:

PLEASE PRINT OR TYPE (BLACK INK ONLY)

SECTION A.

1. Street Address of Tract or Tracts:

2. Names and Addresses of All legal owners of tract(s).

3. Current Zoning Classification:
A (Agricultural) ____ I-1 (Light Industrial) ____
MH (Mobil Home Park)____ I-2 (Heavy Industrial) ____
R-1 (Single Family Residential)____ C-1 (General Commercial) ____
R-2 (General Residential)____ C-2 (Central Business) ____
Special Use Permit ____

4. Signatures of All persons listed in Item #2.

PRINTED OR TYPED NAME SIGNATURE

PRINTED OR TYPED NAME SIGNATURE

5. Contact for Application:
Name: _____
Address: _____
Phone: _____

I state upon my oath that all the information contained in this application is true and correct:

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Applicant's Signature

SECTION B.

1. Legal description of tract(s)

2. Attach to this application a **scaled plat** of the tract(s), with **all** of the following information included:

- a: All boundary dimensions
- b: All adjoining streets and alleys.
- c: All present improvements.
- d: All intended improvements.
- e: All adjoining and cornering property lines and references to all owners listed in Section C.

SECTION C:

1. Names and addresses of all adjoining property owners. (Include land which corners on tract or which is across streets or alley-ways). (Use or attach additional pages if necessary)

With this application, the applicant must provide to the Planning and Zoning Administrator a stamped, plain business (legal-size) envelope addressed to each adjoining property owner.

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SECTION D.

1. State the use to which this tract will be put if the Variance is granted. Attach plans, pictures, and/or drawings.

2. Is a transfer of the ownership of the tract dependent upon the granting of the Variance?

YES NO

3. Has there been a prior application for rezoning, special use permit or variance for this tract?

If so, give the date and state the prior action taken.

SECTION E.

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~~1. State the reason why you believe the requested Variance will be beneficial to you and/or the neighborhood. If you believe that a hardship will result if the variance is denied, please elaborate.~~

Application Address: _____

Applicant Name : _____

Date of Bd. Of Adjustment Meeting: _____

Received By: _____ Date & Time _____