

CITY OF HOLLISTER

APPLICATION FOR APPEAL TO BOARD OF APPEALS

PO BOX 638
HOLLISTER, MO 65673
417-337-9756
bldgofficial@cityofhollister.com

Date: _____

Petitioner Information:

Owner Applicant

Name: _____

Mailing Address: _____

City/St/Zip: _____

Phone/Cell: _____

Email: _____

To hear and decide appeals of orders, decisions or determinations made by the Building Official relative to the application and interpretation of the code.

The applicant shall file an appeal within twenty (20) days after the Building Official gives notice of violation.

Location of Property: Lot #: _____ Addition: _____ Present Zoning: _____

Street Location: _____ Physical Location: _____

Building Permit#: _____

Proposed Work or Use:

Ordinance or section number from which a variance is requested:

Cite the Specific Conditions an Appeal is being filed:

Names, Phone Numbers, & Addresses of property owners within 200' of said premises.

Name	Address	Phone
CITY WILL PROVIDE LIST OF NAMES		

I (we), the undersigned, as legal owner(s) of the above described property, file this petition for a Board of Adjustment action. If the undersigned is not the legal owner, attach is an affidavit of the legal owner(s) authorizing the Board of Adjustment action.

The above statements transmitted herewith are true, to the best of my knowledge.

If the variance is approved, work must begin within 180 days after the variance was approved.

Signature of Owner

Signature of Applicant (attorney, partner, agent, etc.)

FOR OFFICE USE ONLY

Filed in the office of the City Clerk \$50.00
 Copy give to Board of Appeals Members
 Meeting set for (within 10 days of the filing of an appeal)
 The Board may nodify or reverse the decision of the Building
 Official by a concurring vote of 2/3 of its members.

