

CITY OF HOLLISTER

APPLICATION FOR APPEAL TO BOARD OF ADJUSTMENT

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: _____

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

Street Location: _____ Physical Location: _____

Proposed Work or Use: _____ Building Permit#: _____

Ordinance or section number from which a variance is requested:

Cite the Specific Conditions or Interpretation pertaining to the property which in your opinion would cause undue hardship under the present requirements:

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 \$75.00 _____

Copy give to Board of Adjustment Members _____

Public hearing set for (15 day notice required to be published). _____

Public hearing advertised on _____

Property owners within 200' notified by regular mail _____