

City of New Melle
145 Almeling St
P.O. Box 114
New Melle, MO 63365
636-828-4807 / Fax 636-828-4809

CITY OF NEW MELLE
State of Missouri

**BOARD OF ADJUSTMENTS
VARIANCE APPLICATION**

APPLICANT:

(Name)

(Address)

(Phone)

LOCATION OF PROPERTY/DEVELOPMENT (ADDRESS/NAME): _____

OWNER(s) (attach additional)

Printed Name

Printed Name

Street Address

City/State/Zip Code

Telephone

Fax

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LEGAL DESCRIPTION OF PROPERTY (other than address) _____

EXISTING ZONING: _____

VARIANCE REQUESTED AND THE REASON THE VARIANCE IS REQUESTED:

Attach:

- _____ A scaled map of such property, correlated with the legal description and clearly showing the property's location.
- _____ A list of the names and addresses of all the owners of all the parcels of property which abut such property.
- _____ Statements from adjacent property owners that they have reviewed the construction plans or drawings and they do not object to said construction.
- _____ A statement of practical difficulty or unnecessary hardship as it relates to the land in question. Financial or convenience aspects of the project are not considered practical difficulties or unnecessary hardships.

Fee: A non-refundable fee of \$ _____ shall be paid by the applicant or applicants. This fee shall include the reporter's charges for making a record of the testimony, objections and rulings at the hearing upon such application.

The applicant is required to appear before the Board of Adjustment.

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Applicant's Signature

Date

Owner's Signature (additional below)

Date

Note: By affixing signatures to this application form, the Applicant and Owner hereby verify that; they have reviewed the applicable variance regulations; they are familiar with the specific requirements relative to this application; and they take full responsibility for this application. The above signatures further indicate that the information provided on this form and on any additional data attached hereto is true, complete, and accurate.