



Department of Community Development

Phone: (636) 498-6565 Fax: (636) 498-6575

VARIANCE APPLICATION

Application No.: _____ Date Received: _____ Date Filed: _____

OWNERSHIP INFORMATION:

Property Owner: _____

Owner's Address: _____

City, State, Zip: _____

Telephone Number: _____ Email: _____

APPLICANT INFORMATION:

Name of Applicant(s): _____

Applicant(s) Address: _____

City, State, Zip: _____

Telephone Number: _____ Email: _____

ZONING INFORMATION:

Current Zoning: _____

VARIANCE INFORMATION:

Development Name: _____

Address: _____

Current Land Use: _____ Size of Parcel (Sq. or Acres): _____

Legal Description of Property (*other than address*): _____

Variance Requested (*Please include justification for variance*): _____



VARIANCE APPLICATION

REQUIRED DOCUMENTATION:

- Application Fee \$800. Please make a check payable to the City of Cottleville.
- 6 folded copies of a survey, site plan or scaled drawing showing the boundaries of the subject property, all existing improvements and all proposed improvements related to the requested variance, along with a pdf copy. You must also provide any other information and documentation requested by the City Engineer.
- A printed and electronic text formatted legal description of the property.
- A printed and electronic text formatted list of adjacent property owners (within 185 feet) and their addresses must be provided
- The applicant is required to appear before the Commission.

APPLICATION AGREEMENT:

By affixing signatures to this application form, the Applicant and Owner hereby verify that: they have reviewed the applicable zoning regulations; they are familiar with the specific requirements relative to this application; and they take full responsibility for this application.

The Applicant/Owner further agrees to allow the City of Cottleville to enter onto the subject property to install a sign informing of any Public Hearing that may take place with respect to the application and further agree to allow the agents of the City of Cottleville to enter onto the subject property to inspect the land and buildings.

I also certify that the information contained herein is correct to the best of my knowledge and belief. I understand this application, including any plans submitted, is public information. I authorize reproduction of any plans/reports for purposes of application processing and reporting.

This application is made with my full knowledge and consent.

 Applicant's Signature Print Name Date

 Owner's Signature Print Name Date

City of Cottleville Office Use:	
Date Application Received:	Check No.:
Fee Receipt No.:	Date License Issued:
TOTAL DUE \$800.00	Notes:

VARIANCE APPLICATION

FINDINGS OF FACT

1. **The Variance requested arises from such conditions which is unique to the property in question and which is not ordinarily found in the same zone or district, and is not crested by an action or actions of the property owner or applicant.**

2. **The granting of the permit for the Variance will not adversely affect the rights of adjacent property owners or residents.**

3. **The strict application of the provisions of the Zoning Regulations of which the variance is requested will constitute unnecessary hardship upon the property owner represented in the application.**

4. **The Variance desired will not adversely affect the public health, safety, morals, order convenience, prosperity or general welfare.**

5. **The granting of the Variance desired will not be opposed to the general spirit and intent of the Zoning Regulations.**

VARIANCE DECISION

The Board of Adjustment of the City of Cottleville, Missouri, hereby Approve / Deny the variance request of _____, attached hereto. If approved, such variance is subject to the following described limitations and conditions, and may be revoked if the applicants or their successors fail to comply with such limitations and conditions:

Chairman's Signature

Print Name

Date