

Use Variance Application Form

APPLICATION IS HEREBY MADE TO THE BOARD OF ADJUSTMENT OF THE CITY OF GRAIN VALLEY, MISSOURI, REQUESTING A VARIANCE TO THE CITY'S ZONING CODE, AS SET FORTH BELOW.

VARIANCE REQUEST (Give description of variance(s) requested)				
PROPERTY ADDR	RESS			
LEGAL DESCRIP	ΓΙΟΝ			
PROPERTY OWN	ER		PHONE	
ADDRESS			FAX	
CITY—STATE	—ZIP			
E-MAIL				
			PHONE	
			FAX	
E-MAIL				
THIS APPLICATION	ON MUST BE ACCOMPAN	IFD RY:		
 THIS APPLICATION MUST BE ACCOMPANIED BY: Statement of Use Variance Criteria. 				
• Enclose	ed is the filing fee in the ame e to the City of Grain Valle	ount of \$ <u>250.00</u> ,		
owner. The prop		mission for the filing o	the applicant, if other than the of the application by means of a	
	PROPERTY OWNER		APPLICANT	
Print name here:				
Application #	Receipt #	Date Filed:	Processed by:	

City of Grain Valley

Statement of Use Variance Criteria

<u>Failure to complete each may result in an incomplete application.</u> Describe in detail how this application meets each of the following requirements.

1.	The variance requested arises from a condition which is unique and peculiar to the property in question and which is not ordinarily found in the same zone or district, and further, is not created by an action or actions of the property owner or applicant.				
2.	Strict Application of the provisions of the City's constitute an unnecessary hardship upon the prop	zoning regulations of which the variance is requested will erty owner.			
3.	The granting of the variance will not adversely affe	ct the rights of adjacent property owners or residents.			
4.	The granting of the variance will not be opposed to variance is sought.	o the general spirit and intent of the ordinance from which the			
5.	The variance requested will not adversely affect community.	the public health, safety, morals, or general welfare of the			
6.	Substantial justice (i.e., is it fair to all affected parti	es) will be done by the granting of this variance.			
Th:-	forms moved by a single of by the manage of a second of	in a thin forms			
INIS	form must be signed by the person complet	ing this form.			
	SIGNATURE	PRINT NAME HERE			