



Plant your family here.

215 North West Street
Perryville, MO 63775-1327
573-547-2594 Phone; 573-547-6474 Fax
E-Mail: rayjackson@cityofperryville.com

BOARD OF ADJUSTMENT
VARIANCE/NOTICE OF APPEAL APPLICATION

The undersigned of the following described premises (herein called "Applicant"), located at

hereby requests a ___ variance from the literal provisions of the Zoning Ordinance or
an ___ Appeal of the interpretation, by the Building Official, of said Ordinance, for the property
described above.

NAME OF APPLICANT: _____

ADDRESS: _____ PHONE NUMBER: _____
EMAIL ADDRESS: _____

PRESENT ZONING CLASSIFICATION: (CHECK ALL THAT APPLY)

- R-1 SINGLE FAMILY RESIDENTIAL
R-2 SINGLE FAMILY RESIDENTIAL
R-3 SINGLE FAMILY RESIDENTIAL
R-4 TWO-FAMILY RESIDENTIAL
R-5 GENERAL RESIDENTIAL DISTRICT
C-1 LOCAL COMMERCIAL DISTRICT
C-2 GENERAL COMMERCIAL DISTRICT
C-3 CENTRAL BUSINESS DISTRICT
C-4 PLANNED COMMERCIAL DISTRICT
MH-1 MOBILE HOME PARK DISTRICT
I-1 LIGHT INDUSTRIAL DISTRICT
I-2 HEAVY INDUSTRIAL DISTRICT
I-3 PLANNED INDUSTRIAL PARK DIST

REQUIRED INFORMATION:

- Reason for Application:
___ Vary Yard Regulation
___ Vary Parking Regulations
___ Code Interpretation
___ Reconstruction of Non-conforming Building
___ Boundary Extension to Include all of a parcel held in single ownership

ADDITIONAL INFORMATION PERTINANT TO THE REQUEST:

REQUIRED ATTACHMENTS:

___ Detailed plans and/or explanation of said variance/appeal ___attached ___ on back ___not applicable

APPLICATION FEE

___ \$40.00; MADE PAYABLE TO THE CITY OF PERRYVILLE

I, _____, do hereby solemnly swear that the information given here is the truth to the best of my knowledge.

SIGNATURE OF APPLICANT

APPLICATION DATE

OFFICE USE ONLY

APPLICATION FEE RECEIVED: ___ YES ___ NO DATE: _____

REPRESENTATIVE OF THE CITY OF PERRYVILLE

DATE

DATE APPLICATION FILED WITH P&Z ADMINISTRATOR: _____

APPROVAL/DENIAL BOARD OF ADJUSTMENT: _____