



VARIANCE REQUEST APPLICATION

City of St. Joseph, Missouri | Planning & Zoning
1100 Frederick Avenue, Room 107
Planning & Zoning Division | (816) 271-4648 | planning@stjosephmo.gov

All submittals for Variances must comply with Sec. 31-092 of the City’s Code of Ordinances, located online at stjosephmo.gov **The following must be included with every application:**

1. Completed Application
2. Application Fee (**calculated per Sec. 31-075**) due at the time of submission. This fee is nonrefundable
3. **Materials required on checklist (see Page 2 of 2)**
4. Printed names and signatures must be legible and match the relevant section

THE UNDERSIGNED HEREBY APPLIES FOR THE APPROVAL OF A VARIANCE REQUEST FROM THE ZONING BOARD OF ADJUSTMENT. With the signing and submittal of this application, the property owner authorizes the City of St. Joseph to enter onto the subject property to collect data and other information in order to accurately prepare reports or other documentation for review by the City boards and commissions, and City departments.

Case Number: _____

This application contains 4 sections, A, B, C, and D. **ALL** are required. Mark N/A in sections not used.

THE CITY OF ST. JOSEPH WILL NOT ACCEPT INCOMPLETE APPLICATIONS.

A. PROPERTY OWNER INFO

1. a. **Printed Name:** _____
b. **Business Name:** _____
2. **Primary Contact:** Yes No *(only 1 primary contact is allowed. If Yes, we will contact you for payment, notifications, and/or questions. If No, someone MUST fill out Section C)*
3. **Mailing Address:** _____
4. a. **Phone** (____) _____ b. **Email*** _____
5. a. **Signature** _____ b. **Date** _____

B. PROPOSED EXCEPTION LOCATION

1. **Street Address:** _____
2. **Requested Use:** _____
3. **Brief Description of Request:** _____

C. PRIMARY CONTACT/AGENT *(Only fill out if the answer to A.2. is NO, otherwise mark N/A)*

THIS IS WHO WE WILL CONTACT FOR PAYMENT, NOTIFICATIONS, AND/OR OR QUESTIONS.

A VALID MAILING ADDRESS AND VALID EMAIL ADDRESS ARE BOTH REQUIRED.

1. a. **Printed Name:** _____
b. **Business Name:** _____
2. **Mailing Address:** _____
3. a. **Phone** (____) _____ b. **Email*** _____
4. a. **Signature** _____ b. **Date** _____

* Please be aware that the City of St. Joseph will send all notices via email unless otherwise specified.

All applications for an exception must include the following to be considered complete:

- Completed application
- Submitted application fee
- Letter from owner and/or primary contact stating the purpose of the request (in more detail than in Section B.3.) This letter must include an explanation of how the requested variance conforms to each of the required determinations for the following, as relevant to the application **IN DETAIL:**
 - The particular physical surroundings, shape, or topographical condition of the specific property involved would result in an unnecessary hardship upon the owner as distinguished from a mere inconvenience if the strict letter of the regulations were carried out; and
 - The conditions upon which the petition for a variance is based would not be applicable, generally, to other property within the same zoning classification; and
 - The alleged hardship has not been created by any person presently having an interest in the property; and
 - The granting of a variance will not be detrimental to the public health, safety or welfare, or to other property, improvements, or the character of the neighborhood which the property is located; and
 - The granting of the variance is in keeping with the purpose of the zoning district for which the property is located and in keeping with the city's comprehensive plan.
- Site & landscape plans which include the property boundaries, location of buildings, and area for which the variance is requested.
- Any additional materials the City Planner may deem necessary and relevant to the application.

D. ATTENDANCE AND FEE NOTICE

YOUR ATTENDANCE IS REQUIRED AT THE ZONING BOARD OF ADJUSTMENT MEETING FOR THIS APPLICATION. FAILURE TO ATTEND THIS MEETING MAY RESULT IN UNECESSARY DELAYS TO YOUR APPLICATION.

The Zoning Board of Adjustment meeting date, time, and location can be found online at stjosephmo.gov, or by contacting the **Planning & Zoning Department** at **(816)-271-4827**

I have included the required information with this application. I have read the notice above, and understand my attendance is required at public hearings. I understand that by submitting this application, I am including a **NON-REFUNDABLE** application fee. If I choose to rescind this application at any time after it is processed by the City, my application fee will not be refunded, pursuant to Sec. 31-075.

Primary Contact Signature: _____ Date: _____

Section to be completed by the City

Application ID: | _____ | Date Application Received: | _____ |

Case Number: | _____ |

Total Fee: | _____ |

Date Fee Received: | _____ |

Zoning Code Provision: | _____ |

	Single or Two-family Residential: Fee \$250.00
	Signs: Fee \$500.00
	Commercial buildings < 20,000sqft: Fee \$920.00
	Commercial Buildings ≥ 20,000sqft: Fee \$1,210.00