



EXCEPTION 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 Exceptions must comply with Sec. 31-093 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 AN EXCEPTION 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 responses to the following items **IN DETAIL**:
 - An explanation of how the requested exception conforms to each of the required determinations for the following, as relevant to the application:
 - 1) **Permitted Accessory Uses** pursuant to Sec. 31-050(f), or
 - 2) **Fences** pursuant to Sec. 31-054, or
 - 3) **Parking & Loading** pursuant to Sec. 31-053,
 - That the exception will not be detrimental to, or cause undue hardship to, the surrounding neighborhood and property owners, or the public safety; and
 - That the exception is in keeping with the purpose of the zone district or fence ordinance, as relevant; and
 - That the exception to be granted is the one that will require the least modification to the prescribed regulations and the minimum variance that will accomplish the purpose; and
 - That the literal enforcement of the provisions of the ordinance will result in restrictions inconsistent with the purpose of the applicable section; and
 - For exceptions to parking and loading requirements, the board shall find that, due to unique circumstances, a particular activity would not reasonably be expected to generate parking demand sufficient to justify the parking requirement.
- Site & landscape plans which include the property boundaries, location of buildings, and area for which the exception 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