



BOARD OF ADJUSTMENT VARIANCE REQUEST

Date of Hearing _____ Fee Paid _____

NAME: _____ DATE: _____

MAILING ADDRESS: _____ PHONE: _____

(City)

(State)

(Zip)

VARIANCE REQUEST _____

LOCATION: _____

1. Strict compliance with the provisions of the Land Development Code does not allow the applicant to make reasonable use of the applicant's property.
2. The hardship of which is claimed is one experienced by the applicant rather than the neighbors or the general public.
3. The hardship relates to the applicant's land, rather than personal circumstances.
4. The hardship is unique, or nearly so, rather than personal circumstances.
5. The hardship is not the result of the applicant's own actions.
6. The variance will result in neither the extension of a nonconforming situation in violation of Article VII nor authorize the initiation of a non conforming use of land.

Recommendation by Staff: _____

Date: _____



Development Department P & Z Application

Application Date: _____

Project Type: _____ Title as it Appears on Plans: _____

<input type="checkbox"/>	Annexation, Zoning & Concept Plan	<input type="checkbox"/>	Board of Adjustments
<input type="checkbox"/>	Preliminary Plat	<input type="checkbox"/>	Exception to Subdivision Regulations
<input type="checkbox"/>	Special Use Permit	<input type="checkbox"/>	Zoning Code Amendment
<input type="checkbox"/>	Rezoning and Concept Plan	<input type="checkbox"/>	Vacation of Easement
<input type="checkbox"/>	Minor Subdivision (3 or less lots)	<input type="checkbox"/>	Vacation of Right-of-Way
<input type="checkbox"/>	Final Plat	<input type="checkbox"/>	Other _____

INFORMATION

Applicant's Name _____ Project Location _____

Applicant Address: _____ Existing Use _____

_____ Proposed Use _____

Phone/Fax/Mobile _____ Existing Zoning _____

Relationship to Owner _____ Zoning _____

Legal Description of Property

Pre-application conference was held with _____

PERSONS IN INTEREST

Name	Address	Zip	Phone/Fax/Mobile
PROPERTY OWNER(S) (Identify General Partners)			
_____	_____	_____	_____

Mortgages

Optionees



Development Department P & Z Application

CONSULTANTS

Name

Address

Zip

Phone/Fax/Mobile

CONTACT PERSON : _____

Identify one person to serve as the contact for the Planning Department during the review process. This will be the only person notified by the Planning Department of meeting schedules. It will be his/her responsibility to notify the other parties who may be

Address _____

Phone/Fax _____

OWNER CERTIFICATION

I certify that I am a person in interest and the information and exhibits herewith are true and correct to the best of my knowledge and that in filing this application, I am acting with the knowledge and consent of all persons in interest. Without the consent of persons in interest, the requested action cannot lawfully be accomplished.

Address _____

Phone/Fax _____

Name _____

Owner's Signature _____ Capacity _____

STAFF USE ONLY

APPLICATION ACCEPTED

Date _____

Time _____

By _____

Fee Received _____

Property Owners within 185 feet notified

Application Requirements Complete

APPENDIX A

APPLICATION SUBMITTAL REQUIREMENTS

A-1: Requirements Designated:

- a.) As provided in Article IV, Part 1, Subsection 4 it is recognized that the charts in this section outline the City of Nixa's application packages and required submittal requirements. From this information the City of Nixa shall determine whether the development proposal would comply with all of the requirements of this chapter. The permit issuing authority may require more information or accept less information according to the particular proposal.
- b.) Any submittal that does not meet the requirements as stated in this section shall constitute an incomplete application and shall be returned to the applicant.
- c.) The only opportunity for waiver or adjustment of any of these requirements is by the Planning and Development Manager, following a pre-application conference.
- d.) All plans for the same project shall be submitted at the same scale. Projects that require several applications shall have all plans submitted at the same scale, with a separate plan for each application.
- e.) Plans shall, where possible, include information on as few sheets as possible while still presenting information in a clear and concise manner. The title of the project shall be prominently placed in the upper right quadrant of the plan. All sheets shall be consecutively numbered.
- f.) The application package and plan submittal requirements contained in this section are the minimum amount of information that must be submitted in order for the review process to begin. The applicant may need to submit additional information in order to demonstrate satisfaction of review criteria. All exhibits and information used to demonstrate satisfaction of review criteria must be made part of the plan documents and will be kept on file with the City.

Application for Notification of Property Owners

Date: ____ / ____ /200__

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (1): (____) _____

Phone (2): (____) _____

Description of Property: _____

Tax Id Number: _____

Radius: _____

Please allow **5** days to process and compile the requested information for you. You will be subject to a three dollar (\$3.00) mapping fee. Additionally subject to a charge of fifty cents (\$.50) per property owner that falls within the above-specified radius of the described property. **The Assessor's office is not liable for any errors on this listing.**

\$3.00 Mapping fee

\$ Names ()

Total: \$ _____

SAMPLE

Date _____

Dear Property Owner:

This letter is to notify you of our intentions to _____
at _____ in Nixa, Missouri. As required, we have applied for a
_____ with the City of Nixa.

There will be a public hearing on this application on _____
Date
at _____ P.M. at the Planning and Zoning Meeting. It will be introduced at City
Council on _____ at _____ P.M. It will be presented for a final
public hearing and vote at City Council on _____ at _____ P.M. At City Hall.

Nixa City Hall is located at 715 W. Mt. Vernon, Nixa, Missouri.

If you have any questions regarding this matter, you may call us at
_____ or Travis Cossey or Scott Godbey at the City of Nixa at 725-5850.

Sincerely,

Your Name

Business Name, If applicable