

Date Received_____

For Meeting Date_____

Case No. _____

City of Park Hills, Missouri
Application for Hearing Board of Adjustment

APPLICANT INFORMATION:

Name:_____ Address:_____

Telephone Number: Daytime_____ Evening_____

NATURE OF APPEAL:

I/We, _____ hereby request a Public Hearing before the Board of Adjustment of the City of Park Hills in an effort to gain an appeal from the provisions of the Municipal Code.

RE: Property Address:_____

Parcel Number:_____

Legal Desc:_____

Applicants Signature Date

For Office Use Only

Request referenced above is based on Section (s):_____ of the Municipal Code of the City of Park Hills, a copy of which is attached to this application.

Zoning Administrator Date

I/ We, the undersigned applicant(s) hereby acknowledge that I/We am/are the owner(s) of record of the property referenced above, or the authorized agent of the owner, and agree to pay all costs associated with the advertisement of notices in association with the processing of this application and all costs associated with the development of the legal descriptions necessary for the completion of this request.

Date

Date

Office Use Only

Filing Fee: \$ 35.00

Date Paid: _____

PUBLICATION FEE \$ _____