



THE CITY OF
PERRYVILLE
MISSOURI

Plant your family here.

215 North West Street
Perryville, MO 63775-1327
Phone: 573-547-2594

E-Mail: buildinginspectors@perryvillemo.gov

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

REQUIRED INFORMATION:

Reason for Application:

- | | |
|---|--|
| <input type="checkbox"/> Vary Yard Regulation | <input type="checkbox"/> Reconstruction of Non-conforming Building |
| <input type="checkbox"/> Vary Parking Regulations | <input type="checkbox"/> Boundary Extension to Include all of a parcel held in
single ownership |
| <input type="checkbox"/> Code Interpretation | |

ADDITIONAL INFORMATION PERTINANT TO THE REQUEST:

REQUIRED ATTACHMENTS:

Zoning Board of Adjustment: Application for a variance/notice of Appeal

___ 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: _____