

Internal Use Only:

Docket #:

Date Received/Filed:

Hearing Date:

## BUILDING CODES ADJUSTMENT BOARD VARIANCE APPLICATION

The Applicant(name) \_\_\_\_\_ who is the ☐ owner ☐ agent ☐ tenant seeks a:

☐ Variance from the prescriptive code for the:

- ☐ Fire & Life Safety Code (MO §420.114)
- ☐ Building Code (MO §320.801)
- ☐ Electrical Code (MO §320.801)
- ☐ Property Safety & Maintenance Code (MO Ch. 518)

☐ Which meets all the following Factors:

- ☐ Will Not Be Contrary to the Public Interest
- ☐ Due to Special Conditions
- ☐ Literal Enforcement of the Provisions of the Code Would Result in Unnecessary & Undue Hardship

The Property is located at \_\_\_\_\_

The Property is owned by: \_\_\_\_\_ Real Estate Parcel # is: \_\_\_\_\_

If Owner is an Entity, its mailing address is: \_\_\_\_\_

The applicable section of the code which applies to this Variance is \_\_\_\_\_  
(Section Number & Title)

IF APPLICABLE:

List any permit numbers or applications (ex: zoning, planning): \_\_\_\_\_

Citation # \_\_\_\_\_ Citation Date: \_\_\_\_\_ Case Number \_\_\_\_\_

**Describe the Variance requested:** \_\_\_\_\_

**Describe how the request satisfies the Factors above:** \_\_\_\_\_

Not Contrary to Public Interest? \_\_\_\_\_

Special Conditions? \_\_\_\_\_

Result in Unnecessary & Undue Hardship? \_\_\_\_\_

**Provide any additional supporting info. which should be considered:** \_\_\_\_\_

In support of this Variance request, the Board is or will be provided the following for consideration at least 5 days prior to the scheduled meeting: ☐ Plans ☐ Survey ☐ Pictures ☐ Letters ☐ Product materials/Spec. sheets

### OWNER

(Must sign if allowing Agent/Tenant to present information)

Name \_\_\_\_\_  
Street \_\_\_\_\_  
City, St Zip \_\_\_\_\_  
Phone: \_\_\_\_\_  
Signature \_\_\_\_\_

### AGENT

(If other than owner will be at hearing to present information)

Name \_\_\_\_\_  
Street \_\_\_\_\_  
City, St Zip \_\_\_\_\_  
Phone: \_\_\_\_\_  
Signature \_\_\_\_\_

#### REVIEWED BY FIRE MARSHAL:

App. Timely? Yes No DATE: \_\_\_\_\_  
Name \_\_\_\_\_  
Signature: \_\_\_\_\_

#### REVIEWED BY MCC OFFICIAL

Timely? Yes: No DATE: \_\_\_\_\_  
Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

#### REVIEWED BY BUILDING OFFICIAL

Timely? Yes No DATE: \_\_\_\_\_  
Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

Internal Use Only:

Docket #: \_\_\_\_\_ Date Received/Filed: \_\_\_\_\_ Hearing Date: \_\_\_\_\_

## BUILDING CODES ADJUSTMENT BOARD APPEAL APPLICATION

The undersigned files this application to:

- ☐ Appeal the Decision of:
- ☐ Fire Official (MO §420.114)
  - ☐ Building Official (MO §320.801)
  - ☐ Zoning Official (Cert. of Use only) (MO §§656.156-158)
  - ☐ Property Safety & Maintenance Official (MO Ch. 518)

- ☐ Due to Error:
- ☐ In an Order
  - ☐ In a Requirement
  - ☐ In a Decision
  - ☐ In a Determination

The Property is located at: \_\_\_\_\_  
(Complete Address)

The Real Estate Parcel Number for the Property is: \_\_\_\_\_  
(Parcel Number from Property Appraiser)

### For Property Safety & Maintenance Official Appeals Only:

The property was cited for \_\_\_\_\_  
(describe the violation)  
under Section(s) \_\_\_\_\_ of the Municipal Code.  
Citation/PICS Number: \_\_\_\_\_ Citation Date: \_\_\_\_\_

### For Building, Fire, & Zoning Official Appeals Only:

Applicable Code Section(s)  
& Decision Information: \_\_\_\_\_

### **DESCRIBE the error being appealed in detail:**

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In support of this appeal, the Board will be provided with the following at least 5 days prior to the scheduled hearing:

☐ Photographs ☐ Survey ☐ Invoice(s) ☐ Report(s) from: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

In filing this appeal, the undersigned understands it becomes a part of the official records of the Municipal Code Enforcement Board Administrative Office and does hereby certify all information contained herein is true and correct to the best of his/her knowledge.

\_\_\_\_\_  
Signature (Owner)  
(Must sign if allowing Agent/Tenant to present information)

\_\_\_\_\_  
Full Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature (Agent)

\_\_\_\_\_  
Full Address

\_\_\_\_\_  
Phone Number

Reviewed by (COJ Internal Use Only):

COJ Supervisor/Official (Print Name)	COJ Supervisor/Official Signature	Date
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