



DEPARTMENT OF  
COMMUNITY PLANNING & DEVELOPMENT

TELEPHONE \* (816) 331-4331  
FAX \* (816) 331-6973

CITY HALL ANNEX  
520 MAIN STREET  
BELTON, MISSOURI 64012

WEBSITE \* [www.belton.org](http://www.belton.org)

## APPLICATION FOR VARIANCE

**FILING FEE: \$150.00**

Date: \_\_\_\_\_

Application Number \_\_\_\_\_

I. Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Authorized Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Relationship of Applicant to property is that of: \_\_\_\_\_  
(Owner; Tenant; Lessee; Other)

II. The variance requested is from Section \_\_\_\_\_, which requires that \_\_\_\_\_

\_\_\_\_\_

This request would change this requirement to \_\_\_\_\_

\_\_\_\_\_

For the property located at \_\_\_\_\_

And legally described

as \_\_\_\_\_

And currently zoned as \_\_\_\_\_

III. Provide a statement explaining the variance request: \_\_\_\_\_

\_\_\_\_\_

IV. Provide a brief statement explaining how this application will meet each of the five (5) conditions as described in the Zoning Ordinance.

**Uniqueness:** A condition unique to the property:

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**Adjacent Property:** Will the variance have an adverse effect on neighboring properties?

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**Hardship:** Strict adherence to the code causes a hardship, explain how:

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**Public Interest:** Will the variance have an adverse effect on the public health, safety and/or welfare?

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**Spirit and Intent of the Zoning Ordinance Regulation:** Will the variance conform to the general spirit and intent of the Zoning Ordinance?

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Applicant's Signature

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Authorized Agent's Signature

**\*\*OFFICIAL USE ONLY\*\***

Application received in the Planning Department at \_\_\_\_\_ (AM/PM).

Date: \_\_\_\_\_.

Submittal fee received: Yes / No

Staff member assigned to case: \_\_\_\_\_

Position: \_\_\_\_\_