

ST. LOUIS COUNTY BOARD OF ZONING ADJUSTMENT APPLICATION

FOR OFFICE USE ONLY	
Locator Number	_____
Zoning	_____ Date: _____
BZA Number	_____
Building Permit	_____

Property Owner: _____

Current Address _____ City _____ State _____ Zip Code _____

Home Telephone Number: _____ Work Telephone Number: _____

If you are representing the owner, please fill out this box.

Representative's Name _____		Telephone Number _____	
Address _____	City _____	State _____	Zip Code _____

Address of property, if different from Owner's address: _____

The property is currently being used as/for: _____

The Owner asks to construct the following: _____

Proposed setbacks:	Required setbacks:
Front Yard: _____	Front Yard: _____
Side Yard: _____	Side Yard: _____
Rear Yard: _____	Rear Yard: _____

Additional variances requested:

Lot Coverage: _____ (Show detached garages, above ground pools, sheds, etc. on plan)

Non-Conforming Use Variance (be specific about request): _____

Variance from Flood Plain (be specific about request): _____

Other (be specific about request): _____

<p>Proposed signage:</p> <p>Size of attached wall signs (list each elevation separately)</p> <p>_____</p> <p>_____</p> <p>Size of freestanding or monument sign: _____</p> <p>Height of freestanding or monument sign: _____</p>	<p>Allowed Signage:</p> <p>Size of attached wall signs (list each elevation separately)</p> <p>_____</p> <p>_____</p> <p>Size of freestanding or monument sign: _____</p> <p>Height of freestanding or monument sign: _____</p>
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Briefly explain why the variance is requested. The Board cannot grant a variance based on financial hardship.

PLEASE NOTE: The property owner or their representative MUST be present at the meeting.

By submitting this application, you allow Department of Planning and Public Works Staff to enter the property to take photos for the meeting.

This variance expires six (6) months from the date of approval if the necessary permits have not been issued and/or the use established.

Issuance of this variance does not waive building code compliance.

Check your Trust Indentures for any restrictions.

Written easement releases are required prior to permits.

Original Signature of Property Owner or Representative

(FOR OFFICE USE ONLY)

This Petition is APPROVED / DENIED per the attached documentation and/or plans on the _____ day of _____, 20_____.

Remarks: _____

Chairman, St. Louis County Board of Zoning Adjustment