



City of Jefferson
Department of Planning & Protective Services
320 E. McCarty Street
Jefferson City, MO 65101
Phone: 573-634-6410
icplanning@jeffcitymo.org
www.jeffersoncitymo.gov

Date filed:

APPLICATION TO THE BOARD OF ADJUSTMENT

1. The undersigned hereby request(s) the following:
 - Conditional Use Permit (Section 35-73A; Section 35-71, Site Plan)
 - Variance (Section 35-73B; Section 35-71, Site Plan)
 - Appeal of Administrative Decision (Section 35-73C)
 - Chapter 3, Advertising and Signs: Signage Variance or Conditional Use Sign Permit
 - Chapter 8, Article V, Flood Hazard Regulations; Variance to Flood Hazard Regulations
 - Other (including Interpretations; please describe in #2 below)
2. Describe exactly the type of project proposed or what is being requested and the purpose of the request. Cite affected Section numbers if known (or attach separate sheet).

3. The application is filed for the following described real estate: (the correct legal description of the property must be printed below or attached to this application).
 - A. *Street Address:* _____
 - B. *Property Description:* _____

4. A **site plan in accordance with Section 35-71** is required for conditional use permits and variance applications. A “sketch” site plan may be required for other applications such as conditional use sign applications.
5. **Filing fee:** A check payable to the “City of Jefferson” for the application filing fee must be attached to this application. The applicable filing fee is identified in Appendix Y.
6. **Response to Required Findings:** Applicant responses to required findings must be attached. The required findings vary based on type of application as follows:
 - a. Setback, lot area or dimension variance – Addendum A (Density and Dimensional)
 - b. Height variance – Addendum B
 - c. Fence height variance – Addendum C
 - d. Number of parking spaces variance – Addendum D
 - e. Location of off street parking variance – Addendum E
 - f. General Variance (variances not associated with other addendums) – Addendum F
 - g. Conditional use permit – Addendum G
 - h. Telecommunication facility conditional use permit – Addendum H
 - i. Signage:
 1. Signage variance – Addendum I
 2. Conditional use sign permit – Addendum J
 - j. Appeals of administrative decision – Addendum K

(continued on next sheet)

7. **The undersigned certify to be all of the owner(s) of the above described property and that the submitted information (including all attachments to this application) is true and correct. (All owners of this property must sign and the signatures must be notarized).**

Property Owner Signature

Printed Name/Title (type or print)

Property Owner Signature

Printed Name/Title (type or print)

Subscribed and sworn before me this _____ day of _____, _____.

Notary Public

Applicant (if different from property owner):

Name	
Mailing Address	
Phone Number	

Specific information may be required depending upon type of application. Please refer to the appropriate Chapter. Other permits, including building permits and sign permits may be required in addition to Board actions. Please seek advice of City staff or your consultant, if applicable.

Individuals should contact the ADA Coordinator at (573) 634-6570 to request accommodations or alternative formats as required under the Americans with Disabilities Act. Please allow three business days to process the request.



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Project Information (Please use additional sheets if necessary)			
Name of Project			
Location /Address			
Submitted by			
Applications Submitted (Check box)		<input type="checkbox"/> P&Z: <input type="checkbox"/> Zoning Amend <input type="checkbox"/> Comp Plan Amend <input type="checkbox"/> Special Exception <input type="checkbox"/> PUD <input type="checkbox"/> Sub. Plat <input type="checkbox"/> Annexation <input type="checkbox"/> BOA: <input type="checkbox"/> CUP <input type="checkbox"/> Variance <input type="checkbox"/> Appeal <input type="checkbox"/> Staff: <input type="checkbox"/> Site Plan <input type="checkbox"/> Bldg. Plans <input type="checkbox"/> Grading Plan <input type="checkbox"/> Change of Use <input type="checkbox"/> Temp Use <input type="checkbox"/> Other	
Consultant(s) (List lead consultant and all others who are responsible for major project elements)			
Lead Consultant Name		Firm Name	
Address			
Telephone Number		Fax No.	
E-Mail			
Consultant Name		Firm Name	
Address			
Telephone Number		Fax No.	
E-Mail			
Consultant Name		Firm Name	
Address			
Telephone Number		Fax No.	
E-Mail			
Property Owners/Applicants (List owner; Mark "X" next to the name of the primary contact)			
Owner Name			
Address			
Telephone No.		Fax No.	
E-Mail			
Applicant Name			
Address			
Telephone No.		Fax No.	
E-Mail			

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