## THE CITY OF OAKLAND BOARD OF ADJUSTMENT APPLICATION FOR VARIANCE

FEE: \$100.00 EACH		DATE:	
RESIDENTIAL: Name of Property Owner:			
Property Owner Address:			
Project Address:			
Property Owner Contact Numbers: cell	day		evening
COMMERCIAL: Business Name:			
Business Street Address/Phone:			
Contact Name/Title:			
APPLICATION IS HEREBY MADE TO TAIL ADJUSTMENT FOR ITS CONSIDERAT REGULATIONS AND RESTRICTIONS OF THE CITY OF OAKLAND	TION OF OF THE 2	A VARIANCE ZONING AND	E FROM THE SUBDIVISION
This Property is Presently Zoned As:			
The Exact Legal Description of said Land:			
The Application Hereby requests a variance to all	low:		

## **INSTRUCTIONS:**

This application must be accompanied by the Plan Review/Building Permit denial, a plat of the land in question, drawn by an architect, engineer or land surveyor (plat may be drawn and signed by the property owner if for a single-family residence) showing the adjoining, opposite and

abutting tracts and ownership of each tract, the position of all existing structures, the location and type of surfacing of all paved areas and all proposed improvements

When application is completed, please return with check per each variance requested, made payable to the *City of Oakland*, *P. O. Box 220511*, *St. Louis*, *MO 63122*. Should you have any questions about your project, please contact the City Administrator/City Clerk at 314-416-0026.

If your plan requires a dumpster or temporary storage pod, a permit will be needed before it arrives on location.

FOR OFFICE USE ONLY: Date Variance Request Received:	
Published Application Hearing Date:_	
Approved:	Denied:
Date:	
Reason:	