



Case Number: _____
 Date Filed: _____
 Received By: _____
 Application Fee: \$949.00
 Recording Fee: \$27.00
 Total Fee: \$976.00

APPLICATION FOR BOARD OF ADJUSTMENT APPEAL OF ADMINISTRATIVE DECISION

The signers of this application appeal to the Board of Adjustment of the City of Springfield, Missouri, that the determination of _____
 (name and position of administrative official)

made on the _____ day of _____, 20____, is in error because of the following facts
 (attach separate sheets if necessary):

This appeal involves the following described property:

LAND DESCRIPTION (an attached sheet may be used):

This property is located at _____.

It is requested that a hearing be held in this matter, in which the applicant may appear in person or by agent or by attorney, and present to the Board sufficient evidence so that the Board may reverse the decision of the administrative official.

We, the undersigned, do attest to the truth and correctness of all facts and information presented with this application.

APPLICANT'S NAME:

Name of Applicant: _____
 (please print)

If corporation: Corporate Official: _____
 (please print name and title)

(Corporate Seal)

Mailing address: _____ Zip Code _____

Telephone number: _____ Fax number: _____

E-mail: _____

APPLICANT'S SIGNATURE:

 (if corporation, need signature of one official)