City of Troy Building Department

800 Cap Au Gris
Troy, Missouri 63379
www.cityoftroymissouri.com
636-528-1254
636-462-1613 fax

Board of Adjustment
Variance Application & Checklist

Date: _____

Project Name: _____

Project Address/Location: _____

Site Date Information

Area of site:_____ Present Zoning: _____

Adjoining property zoning:

North _____ South _____ East _____ West _____

Contact Information

Applicant:	**Property Owner(s):**
Name: _____	Name(s):_____
Contact Person: _____	Address: _____
Address: _____	City/State/Zip: _____
City/State/Zip: _____	Name(s):_____
Phone: _____	Address: _____
Fax: _____	City/State/Zip: _____
E-mail: _____	Submit additional names on attached sheet.

Variance Requested:

_____
_____
_____
_____

Zoning Article:

_____
_____
_____
_____

Variance Checklist:

☐ Six (6) folded copies of a plat, survey, sketch, site plan submitted, drawn to scale showing the lot or lots included in the applications, showing all structures and improvements on site, north arrow, scale and date, name and signature of person preparing plat, giving all appropriate dimensions and building setbacks, and any other information necessary for review, prepared by a registered land surveyor or professional engineer.

☐ Attach location map

☐ Attach typed legal description

☐ $100.00 application fee.

☐ The applicant is required to appear before the Board of Adjustment.

A request for a variance may be granted, upon a finding of the Board of Adjustment that all of the following conditions have been met:

1. The variance requested arises from such condition which is unique to the property in question and which is not ordinarily found in the same zone or district; and is not created by an action or actions of the property owner or applicant.

2. The granting of the permit for the variance will not adversely affect the rights of adjacent property owners or residents.

3. The strict application of the provisions of the zoning regulations of which the variance is requested will constitute unnecessary hardship upon the property owner represented in the application.

4. The variance desired will not adversely affect the public health, safety, morals, order, convenience, prosperity or general welfare.

5. The granting of the variance desired will not be opposed to the general spirit and intent of the zoning regulations.

Applicant Signature	Print Name	Date

Owner's Signature	Print Name	Date

Owner's Signature	Print Name	Date

Failure to provide all information will result in application being returned.

Statement of Hardship/Justification for Request:

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