



APPLICATION FOR VARIANCE

City of Ash Grove
100 W. Main Street
P.O. Box 235
Ash Grove, MO 65604
(417) 751-2333

Name of Applicant: _____ Date: _____

Address of Applicant: _____ Telephone: _____

Location/Legal description of property: _____

Reason for request: _____

Type of structure for this location: _____

Date of Application: _____

Date for Public Hearing: _____

Signature of Applicant: _____

This is to certify that a fee of \$75.00 has been paid at the time of the presentation of this application. This application fee will be used for advertising this application for variance or change in zoning.

City Clerk, City of Ash Grove, Missouri _____

Approved: _____

Denied: _____

Comments: _____
