APPEAL APPLICATION - BOARD OF ADJUSTMENT

City of Duquesne, Missouri

An application for an appeal shall be filed within sixty (60) days after a ruling has been made by the administrative officials.

Date:	Filing Fee: \$600.00	
Owner:	Phone:	
Address:	Fax:	·
City:	State: 2	Zip:
Email Address:		
Applicant:(person to whom all correspondence will be	Relationship to Owne	er:
Address:		
City:		
Email Address:		
Property Location:		
Information concerning appeal:		
Application type:	Date denied:	
Denied by:		☐ Board of Aldermen
Clear and accurate written description of the propand a statement justifying the appellant's position:	osed use, work or action in which (Attach additional sheets if necessary)	the appeal is involved

The applicant shall s	ubmit copies of the following i	mormation.
☐ Original application	and all attachments submitted v	vith original application.
☐ A copy of the order appellant believes t		nination of the administrative official which the
5	a plot plan, drawn to scale, shall the area in question.	be submitted in duplicate showing existing and
AND CORRECT; TAND REQUIREMENTALSO UNDERSTATEMENT OF	THAT I HAVE READ AND UND ENTS ASSOCIATED WITH THE AND THAT I WILL BE RESPON	PROVIDED ON THIS APPLICATION IS TRUE ERSTAND THE PROCEDURES, ORDINANCES APPLICATION AND REVIEW PROCESS. I SIBLE FOR THE COST OF ANY REQUIRED URTHERMORE, I ACKNOWLEDGE THAT THE ON AS DEEMED NECESSARY.
Owner's Signature		Applicant's Signature (if different)
Return Form to: City (Clerk at City Hall	
Office Use Only:	Date Received:	Hearing Date:
	Date Advertised:	Date Property Posted:
	Approved: ☐ Yes ☐ No	Filing Fee: