CITY OF
FRONTENAC

Appeal to the Board of Adjustment

Applicant_____

Telephone (_____)_____ (____)_____
Home Work

Address_____, _____, _____, _____
Street City State Zip

Property Owner (if different from applicant)_____

Address_____, _____, _____, _____
Street City State Zip

Address or Location of Appeal _____

Section of Zoning Ordinance being Appealed _____

Zoning of Property _____ Present Use of Property _____

I (we) hereby appeal the decision of the Building Commissioner and Zoning Administrator or other official or agency contained in the letter or other document(s) attached hereto, and (please check applicable line or lines)

____ Allege there is an error in the order, requirement, decision, or determination in such decision (see attachment)

____ Request a variance from the requirements of the ordinance upon which the decision is based (see attachment)

I (we) hereby certify that all the information given herein and in attachments is true

_____
Signature of Applicant Date

10555 Clayton Road, Frontenac, Missouri 63131
Phone (314)-994-3200 Fax (314) 994-3203