



City of Willard

Zoning Case No.	_____
Application Date	_____
Application Fee	\$100.00
Recording Fee	_____

APPLICATION FOR APPEAL PERTAINING TO SUBDIVISION REGULATIONS

We, the undersigned, hereby appeal to the City of Willard Board of Adjustment the decision of:

1. A Willard Administrative Official in the interpretation of the applicable subdivision regulations of the *Willard Land Development Regulations* as described in the application below.
2. The Planning and Zoning Commission disapproving a site plan for a simple land development or disapproving an application for minor subdivision or disapproving a preliminary plat or final plat for major subdivision pursuant to the requirements of the *Willard Land Development Regulations* as described in the application below.

We attest to the truth and correctness of all facts and information presented with this application for appeal and agree to pay for all advertising and mail notification costs for the public hearing as required by the *Willard Land Development Regulations*. The City of Willard is authorized to prepare and publish all required legal advertising and mail notifications, the cost of which is to be billed to the name listed below for payment.

Legal Description of the property involved in the appeal (attach separate sheet if necessary):

Street address or other common description of the property _____

PLEASE COMPLETE THE SECTION BELOW THAT IS APPLICABLE TO YOUR SITUATION

1. **Administrative Order:** *Appeal from administrative order.* An appeal of any order, requirement, decision or determination made by an Administrative Official must be made within fifteen (15) business days after the date of the decision or order appealed.

Date of Final Order or Decision Appealed _____

Name and title of Administrative Official who made the decision that is being appealed

Description of final order or decision appealed _____

Description of Applicant's request for determination by the Board of Aldermen

2. **Planning and Zoning Commission:** *Appeal from decision of Planning and Zoning Commission.* An appeal of any decision of the Planning and Zoning Commission must be made within sixty (60) days of the date of the decision appealed.

Date of Final Order or Decision Appealed _____

Description of final order or decision appealed _____

Description of Applicant's request for determination by the Board of Aldermen (attach sheet if necessary).

Property Owner's Name(s) _____

If Corporation, Corporate Official and Seal: _____

Mailing Address _____

Telephone Number _____ Fax Number _____

PROPERTY OWNER'S SIGNATURE:

Applicant's Name (if different than property owner) _____

If Corporation, Corporate Official and Seal _____

Mailing Address _____

Telephone Number _____ Fax Number _____

APPLICANT'S SIGNATURE:

BILL ADVERTISING AND MAIL NOTIFICATION COSTS TO:

Name _____ Telephone _____

Address _____

**APPLICATION CHECKLIST FOR
SUBDIVISION REGULATIONS APPEAL
City of Willard, Missouri**

This checklist is provided to help you make sure that you submit everything that is required for a complete subdivision regulations appeal application. This application must be complete and all items listed on the attached application checklist must accompany the application before the application will be forwarded to the Board of Aldermen. The application of the decision that is being appealed must be submitted within the appropriate time as listed in Section 400.230(B) of the Willard Municipal Codes. Applications are to be submitted no later than 4:00 p.m. to the Willard City Hall. Please contact the City Clerk at the telephone number below for public hearing date before the Board of Aldermen.

APPLICATION FORM:	
	Include the legal description of the land involved in the appeal request. Attach the legal description on a separate sheet if necessary.
	List the street address or other common description of the land or property involved.
	Indicate the name of the Administrative Official (if applicable) who made the decision that you are appealing.
	List the date of the decision that you are appealing.
	Describe the decision or order that you believe the Administrative Official or Planning and Zoning Commission made in error. It is the applicant's responsibility to produce evidence establishing the grounds for the appeal.
	Describe the nature of the decision that you are requesting from the Board of Aldermen.
	List the current property owner's name, address, and telephone number. If a corporation, list the corporate official and include the corporate seal.
	Property owner, or if applicable, a corporate official must sign the application.
	If the applicant is different than the property owner, list the applicant's name, address and telephone number. The applicant must sign the application.
APPLICATION FEES:	
	Include the \$100.00 application fee. Applicant also responsible for advertising and notification costs for public hearing.
PROPERTY OWNERS NOTIFICATION:	
	Submit a list of property owners' names and addresses within 185 feet of the property involved in the appeal which has been compiled from the records of the Greene County Assessor's Office or prepared by a title company authorized to issue title policies in the State of Missouri. This list is to be submitted with the application.
	Submit an addressed and stamped (not metered) business envelope for every property owner listed on the property owners' list.
Note: The Board of Aldermen shall not take final action on any case when the applicant or the applicant's agent does not appear at the public hearing before the Board to provide evidence regarding the applicant's appeal.	

Submit Applications To:
Willard City Hall
224 W. Jackson, P.O. Box 187
Willard, MO 65781
(417) 742-3033

For mail delivery, use the post office box address
For hand delivery or parcel delivery, use the street address