

City Use Only

Date Approved: _____	Date Received: _____
Council Hearing Date: _____ P&Z Hearing Date: _____	Paid Fee on: _____
Application _____	Drawings _____
Approved: _____ Denied: _____	Completed: _____ Approved: _____ Date: _____

**City of Breckenridge Hills
Board of Adjustment Application**

**(PLEASE PRINT)
APPLICANT:**

Home Address: _____ City: _____

State: _____ Zip Code: _____ Phone No.: _____

DESCRIPTION OF PROPERTY:

Street Address or Location: _____

Parcel Locator Number: _____

The applicant request a variance for the City of Breckenridge Hills ordinance number: _____

Please give an accurate description of the variance you are requesting. If additional space is needed please use the back of this form:

PROPERTY INTEREST OF APPLICANT: Owner Renter/Lessee Other

OWNER OF PROPERTY:

Home Address: _____ City: _____

State: _____ Zip Code: _____ Phone No.: _____

Application is hereby made with willful consent of Owner for a sole purpose of seeking a variance certify to be true and accurate.

_____ Signature of Applicant	_____ Date	_____ Signature of Property Owner	_____ Date
_____ PRINT NAME		_____ PRINT NAME	

NOTE: APPLICANT MUST ATTEND MEETING

(NOTE: Out of State Signatures must be notarized)