Board of Zoning Appeals
City of Haysville, Kansas

*Case No.*_____
*Filed*_____

Application for Variance

I. Name of Applicant_____

Mailing Address_____

Phone Number (*home/cell)*_____*(work)*_____

Name of Authorized Agent_____

Mailing Address_____Phone_____

Relationship of applicant to property is that of: Owner☐ Tenant☐ Lessee☐ Other ☐

II. The Variance requested is_____

_____

For property located at_____

And legally described as_____

_____

And is presently zoned_____

III. The Applicant herein, or authorized agent, acknowledges:

a. Receipt for an instruction sheet concerning the filing and hearing of this matter.

b. Advisement of the fee requirements established by Section 17-378, Code of the City of Haysville, and that the appropriate fee is herewith tendered.

c. Advisement of the right to bring action in the District Court of Sedgwick County to appeal the decision of the Board.

d. That all documents are attached hereto as noted in the instructions.

Applicant_____ Authorized Agent_____
(Signature) *(Signature)*

_____ _____
(Date) *(Date)*

Office Use Only:
Received by the Board_____(am/pm)_____ _____, 20__, together with the appropriate fee of $150.00.

_____ _____
Authorized Signature Title

04/11