

Internal Use Only:

Docket #: _____ Date Received/Filed: _____ Hearing Date: _____

BUILDING CODES ADJUSTMENT BOARD VARIANCE APPLICATION

The Applicant(name) _____ who is the owner agent tenant seeks a:

Variance from the prescriptive code for the:

- Fire & Life Safety Code (MO §420.114)
- Building Code (MO §320.801)
- Electrical Code (MO §320.801)
- Property Safety & Maintenance Code (MO Ch. 518)

Which meets all the following Factors:

- Will Not Be Contrary to the Public Interest
- Due to Special Conditions
- Literal Enforcement of the Provisions of the Code Would Result in Unnecessary & Undue Hardship

The Building Codes Adjustment Board will not hear Zoning Variance. Please contact the Planning and Development Dept. Office in person at 214 N. Hogan Street, 2nd Floor, or by phone at 904-255-8300.

The Property is located at: _____

The Property is owned by: _____ Real Estate Parcel # is: _____

If Owner is an Entity, its mailing address is: _____

The applicable section of the code which applies to this Variance is _____
(Section Number & Title)

IF APPLICABLE:

List any permit numbers or applications (ex: zoning, planning): _____

Citation # _____ Citation Date: _____ Case Number _____

Describe the Variance Requested. (Please attach any supporting documentation if required):

Describe how the request satisfies the Factors above:

Not Contrary to Public Interest? _____

Special Conditions? _____

Result in Unnecessary & Undue Hardship? _____

In support of this Variance request, the Board is or will be provided the following for consideration by the Friday prior to the scheduled meeting: Plans Survey Pictures Letters Product materials/Spec. sheets

OWNER

(Must sign if allowing Agent/Tenant to present information)

Name _____

Street _____

City, St Zip _____

Phone: _____

Signature _____

AGENT

(If other than owner will be at hearing to present information)

Name _____

Street _____

City, St Zip _____

Phone: _____

Signature _____

REVIEWED BY FIRE MARSHAL:	REVIEWED BY MCC OFFICIAL	REVIEWED BY BUILDING OFFICIAL
Appl. Timely? Yes No DATE: _____	Timely? Yes: No DATE: _____	Timely? Yes No DATE: _____
Name: _____	Name: _____	Name: _____
Signature: _____	Signature: _____	Signature: _____

Internal Use Only:

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BUILDING CODES ADJUSTMENT BOARD APPEAL APPLICATION

The undersigned files this application to:

- Appeal the Decision of:
- Fire Official (MO §420.114)
 - Building Official (MO §320.801)
 - Property Safety & Maintenance Official (MO Ch. 518)

- Due to Error:
- In an Order
 - In a Requirement
 - In a Decision
 - In a Determination

The Building Codes Adjustment Board will not hear Zoning appeals. Please contact the Planning and Development Dept Office in person at 214 N. Hogan Street, 2nd Floor, or by phone at 904-255-8300.

The Property is located at: _____
(Complete Address)

The Real Estate Parcel Number for the Property is: _____
(Parcel Number from Property Appraiser)

For Property Safety & Maintenance Official Appeals Only:

The property was cited for _____
(describe the violation)

Under Section(s) _____ of the Municipal Code.
Citation/PICS Number: _____ Citation Date: _____

For Building and Fire Official Appeals Only:

Applicable Code Section(s) &
Decision Date Information: _____

DESCRIBE in detail the error being appealed. Please attach any supporting documentation if required:

In support of this appeal, the Board will be provided with the following by the Friday prior to the scheduled hearing:

Photographs Survey Invoice(s) Report(s) from: _____ Other: _____

In filing this appeal, the undersigned understands it becomes a part of the official records of the Municipal Code Enforcement Board Administrative Office and does hereby certify all information contained herein is true and correct to the best of his/her knowledge.

Signature (Owner)
(Must sign if allowing Agent/Tenant to present information)

Signature (Agent)

Full Address

Full Address

Phone Number

Phone Number

Reviewed by (COJ Internal Use Only):

COJ Supervisor/Official (Print Name)	COJ Supervisor/Official Signature	Date
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