

Greene County Planning & Zoning Office 940 Boonville, Room 305 Springfield, MO 65802 417-868-4005 Phone 417-868-4808 Fax

Date Received: Received By: Fees Paid: Receipt #	
<u> </u>	

ADMINISTRATIVE VARIANCE APPLICATION

PROPERTY OWNER/REPRESENTATIVE INFORMATION

Owner's Name (Please	Print):			
Owner's Address:				
Phone Number:	Fa	x Number:	Email:	
Representative's Name:				
Representative's Addre	ess:			
Phone Number: Fax N		x Number:	Email:	
Representative's Signat	ture:			
TYPE OF REQUEST ☐ Setback Variance ☐ Other	•			
PROPERTY INFORM	<u>MATION</u>			
Proposed Structure:				
rroperty is located in:		1	Requested Setback	
Front Setback	Direction	Required Sciback	Requested Sciback	
Side Setback #1				
Side Setback #2				
Rear Setback				
	of Owner(s):		Date:	
9	() =		Date:	
	ACKNO	WLEDGMENT OF PRO		
STATE OF)			
COUNTY OF)			
On thisday of	, in		, the undersigned notary public, per known to me to be the person(s) who	
subscribed to the within ins In witness whereof, I hereu		nowledged that he/she/they	executed the same for the purposes t	

Notary Public Revision 10/08