

VARIANCE REQUEST APPLICATION City of Jackson, Missouri

APPLICATION DATE:	7-24-2023			
PROPERTY ADDRESS (Other of	escription of location if not addressed):			
•	1 Orchard			
	NO 63755			
CURRENT PROPERTY OWNER	S (all legal property owners as listed on current deed, including trusts, LLCs, etc):			
Property Owner Name(s):				
Mailing Address:	2336 Old Orchard Dr. POBOX 290			
	Jackson, No 63755 Jackson, MO 637			
PROPOSED PROPERTY OWN	RS (if property is to be transferred, name(s) in which property will be deeded):			
Proposed Property Owner(s):				
Mailing Address:	NIA (Some as above)			
City, State, ZIP				
CONTACT PERSON HANDLING	GAPPLICATION:			
Contact Name:	John W King HP			
Mailing Address:	1330 N. Kingshighwa			
City, State ZIP	Cape Girerden, NO 63701			
Contact's Phone:	573-225-6440			
Email Address (if used):	bill@united - Lt. com			
R-1 (Single-Family R-2 (Single-Family R-3 (One- And Two R-4 (General Resid	Residential) C-2 (General Commercial) -Family Residential) C-3 (Central Business) ential) C-4 (Planned Commercial) Park)			
O-1 (Professional C	nmercial Overlay)			
	I-3 (Planned Industrial Park)			

CURRENT USE OF PROPERTY: Gym (building 2)
Vaccut (brilding 1)
PROPOSED USE OF PROPERTY: undecided
LEGAL DESCRIPTION OF TRACT (attach a copy of the most current property deed):
REASON FOR REQUEST: State the reason(s) why you believe the requested variance is necessary and compliance with the zoning code creates an undue hardship that denies all beneficial use of the property. Undue hardship must be related to condition of the property, not a condition of the owner or to a financial consideration. Attach additional page(s) as needed. Legreting to Separate the buildings with Separate tegol descriptions giving the ability to have different owners.
DRAWINGS: Attach a scaled plat of the tract(s) showing the entire lot, the location and size of all buildings / structures of the lot. If any buildings are to be less than the standard minimum setbacks, include these distances on the drawing. Any approved special use permit will be based on this building layout. Changes to the layout will require a new special use permit.
SURROUNDING PROPERTY OWNERS: A map of the property location and a map and list of all owners of property within 185' of the property in question will be incorporated as part of this application by the City. The 185' distance is exclusive of rights-of-way. The City will prepare this map based on the most current tax information published by the Cape Girardeau County Assessor.
PRIOR VARIANCE HISTORY:
Have there been any prior applications for Board of Adjustment action for this property? If so, please include the date of
previous application. YES NO Date:
Prior Variance Approved? YES NO
Description of prior variance request:

SITE PLAN:

Attach a site plan of the property in question. The site plan does not need to be prepared by a surveyor, but must be adequate to clearly show the following information. This site plan must include the proposed construction, all existing structures on the property, all streets, alleys, easements, property lines, etc. Please include dimensions (measurements) of all structures and measurements from the structure in question to other structures and to all property lines. For a height variance, also include the proposed height from the lowest adjacent grade and highest adjacent grade. Show the location of all unusual physical features of the property that pertain to the problem. Measurements for the distance, setback, height, or size to be varied must be accurate. Construction cannot exceed the varied distance, size, or height approved by the Board of Adjustment.

PHOTOS:

Include photos of the property if they help explain the problem and/or reason for the need for a variance.

PERMISSION TO VISIT PROPERTY:

The owner hereby gives permission for members of the Board of Adjustment and/or city staff to enter within the boundaries of the real estate listed herein to examine the location(s) and property conditions involved in the proposed variance.

Yes	X	No	

OWNER SIGNATURES:

I state upon my oath that all of the information contained in this application is true. (Signatures of all persons listed on the current property deed and the authorized signer(s) for any owning corporation or trust.)

Please submit this application along with \$50.00 non-refundable application fee to:

Building & Planning Manager City of Jackson 101 Court Street Jackson, MO 63755 573-243-2300 ext.29 (ph) 573-243-3322 (fax)

Rev. 12/3/2018