Date Received: _____
For Meeting Date: _____
Case Number: _____

City of Park Hills, Missouri
Application for Hearing ❖ Board of Adjustment

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APPLICANT INFORMATION:

Name: _____ Address:

Telephone Number: Daytime _____ Evening _____

NATURE OF APPEAL:

I/We, _____ hereby request a Public Hearing before the Board of Adjustment of the City of Park Hills in an effort to gain an appeal from the provisions of the Municipal Code.

RE: Property Address:_____

Parcel Number:_____

Legal Desc: _____

_____
Applicants Signature Date

****

For Office Use Only

Request referenced above is based on Section (s): _____ of the Municipal Code of the City of Park Hills, a copy of which is attached to this application.

_____
Zoning Administrator Date