



City of Leawood

# APPLICATION FOR BOARD OF ZONING APPEALS APPEAL OF ADMINISTRATIVE DECISION

Case No: _____
Filing Fee: _____
Date Advertised: _____
Hearing Date: _____

Please read the application fully before completing. This application cannot be processed unless complete with all the required documents attached. If you need any assistance in completing the form, please call the Planning and Development Department at (913) 339-6700 x 160. Fax: (913) 339-6736.

## APPLICANT INFORMATION

Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Location of Property/Zoning: \_\_\_\_\_

Legal Description: \_\_\_\_\_

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## PROPERTY INFORMATION

<b>ADJACENT PROPERTY AND LAND USE:</b>	<b>ZONING:</b>
North: _____	_____
South: _____	_____
East: _____	_____
West: _____	_____
Present Use of Property: _____	
Proposed Use of Property: _____	
Specific Section of the Ordinance at Issue: _____	
Reason for Request: _____	

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