



City of Leawood

APPLICATION FOR BOARD OF ZONING APPEALS REQUEST FOR SETBACK MODIFICATION

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: _____

PROPERTY INFORMATION

ADJACENT PROPERTY AND LAND USE:

ZONING:

North: _____	_____
South: _____	_____
East: _____	_____
West: _____	_____

Present Use of Property: _____

Proposed Use of Property: _____

Section of the Ordinance from which a Modification is being requested: _____

Reason for Request: _____
