

**CITY OF MISSION
BUILDING BOARD OF ADJUSTMENTS APPLICATION**



NAME: _____

HOME PHONE: _____

ADDRESS: _____

CELL PHONE: _____

CITY: _____

DATE RECEIVED: _____

BOARD OF ADJUSTMENTS

NAME _____

LOCATION _____

AREA _____

PRESENT ZONE _____

PURPOSE _____

BOARD OF ADJUSTMENTS ACTION: _____ DATE _____

_____ APPROVED

_____ FAILED

SUBJECT TO _____

LETTERS MAILED OUT _____

BOARD OF ADJUSTMENTS MEETING DATE _____

FEE AMOUNT: **\$100.00**

AMOUNT PAID \$ _____

RECEIPT NO _____

BY _____

No Refund of Fee!