

Application for Rule Exception/Variance

MIAMI COUNTY CODE SERVICES
201 S. Pearl, Ste. 201, Paola, KS. 66071
913-294-4117, www.miamicountyks.org
FEE : \$ 150.00

Residential: _____ Commercial: _____ Amount paid: _____ LOG # _____

Chapter: _____ Article: _____ Section: _____
*(Section of the Miami County Environmental Health Sanitary Code
that you are requesting a rule exception/variance from)*

Applicant Name: _____

Street Address: _____ City/State/Zip: _____

Phone: _____

Affected property Address: _____

Parcel ID #: _____ Sec. _____ Twp. _____ Range _____

Surrounding property that will be affected: _____

State all specific rules, regulations for which application is being made: _____

State what is proposed: _____

I certify that all information provided on this application is true and correct to the best of my knowledge.

Applicant's Signature: _____ Date: _____

OFFICE USE ONLY

Parcel Number: _____ S-T-R: _____ ¼ / /

Existing Zoning: _____ Proposed Zoning: _____

Existing Land Use: _____ Proposed Land Use: _____

NOTES: _____

Zoning Official

Date