



100 Municipal Circle  
Raymore, MO 64083

Phone: 816-331-1803  
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## APPEAL OF ADMINISTRATIVE DECISION

**FOR OFFICE  
USE ONLY**

Case Number: \_\_\_\_\_ Ruling Date: \_\_\_\_\_ BOA Date: \_\_\_\_\_

### APPLICANT/OWNER INFORMATION

**Applicant Name:** \_\_\_\_\_ **Company:** \_\_\_\_\_  
**Street Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Property Owner Name** (if different than applicant): \_\_\_\_\_  
**Street Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Firm Preparing Plan:** \_\_\_\_\_ **Contact:** \_\_\_\_\_  
**Street Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

\*All correspondence on this application should be sent to (check one):  Applicant  Property Owner  Firm

### APPEAL REQUEST

**Applicable Plan or Plat (if any):** \_\_\_\_\_

**The applicant is hereby requesting an appeal of the following administrative decision:** \_\_\_\_\_

### PROJECT DETAILS

**General Location or Address of Property:** \_\_\_\_\_

**Parcel Area in Acres and/or Square Feet:** \_\_\_\_\_

**Current Zoning of the Property:** \_\_\_\_\_

**APPLICANT'S DECLARATION**

My application consists of the following items and information necessary for a complete application:

<input type="checkbox"/> <b>Completed Application Form</b>	<input type="checkbox"/> <b>Plans or other information as required by the Development Services Director</b>
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The following declarations are hereby made:

- The undersigned is the owner or authorized agent of the owner or the officers of a corporation or partnership.
- The submitted plan, if any, contains all of the necessary information required by the Unified Development Code.
- The applicant has discussed this application with a staff planner in the Development Services Department.

**Planner:** \_\_\_\_\_ **Date:** \_\_\_\_\_

- The information presented and contained within this application is true and correct to the best of the undersigner(s) knowledge.

**SIGNATURE OF OWNER(S) AND APPLICANT(S)**

**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Subscribed and sworn to me on this  
the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_  
in the County of \_\_\_\_\_,  
State of \_\_\_\_\_.

Stamp:

Notary Public: \_\_\_\_\_ My Commission Expires: \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Subscribed and sworn to me on this  
the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_  
in the County of \_\_\_\_\_,  
State of \_\_\_\_\_.

Stamp:

Notary Public: \_\_\_\_\_ My Commission Expires: \_\_\_\_\_