

**CITY OF
MISSION
KANSAS**

Community Development Department
6090 Woodson Street
Mission, KS 66202
Phone: (913) 676-8360
Fax: (913) 722-1415

Permit # ____ - ____

Application to the Board of Zoning Appeals

Applicant Name: <u>Jeff & Amber Randel</u> Company: _____	
Address: <u>5500 Outlook St.</u>	
City/State/Zip: <u>Mission, KS 66202</u>	
Telephone: <u>785-766-5754</u>	
Email: <u>JSrandel@yahoo.com</u>	
Property Owner Name: <u>Jeff & Amber Randel</u> Company: _____	
Address: <u>5500 Outlook St.</u>	
City/State/Zip: <u>Mission, KS 66202</u>	
Telephone: <u>785-766-5754</u>	
Email: <u>JSrandel@yahoo.com</u>	
Address of Property: <u>" "</u>	
City/State/Zip: <u>" "</u>	
Zoning: <u>Fence</u>	
Application Type	
Variance <input checked="" type="checkbox"/>	Appeal <input type="checkbox"/>
Description of Request	
Please provide a brief description of the request including specific Code Section and quantity of variance or decision for appeals:	
<u>See attached document</u>	

