



DEVELOPMENT DEPARTMENT P&Z Application

Phone 417-725-5850 Fax 417-725-6394

Date Of Application _____

PROJECT TITLE & TYPE

Title As It Appears on Plans _____

- Annexation, Zoning & Concept Plan
- Preliminary Plat
- Special Use Permit
- Rezoning And Concept Plan
- Minor Subdivision (3 or less lots)
- Final Plat
- Board of Adjustments
- Exception to Subdivision Regulations
- Zoning Code Amendment
- Vacation of Easement
- Vacation of Right-of-Way
- _____

INFORMATION

Applicant's Name _____

Project Location _____

Applicant Address _____

Existing Use _____

Proposed Use _____

Phone/Fax/Mobile _____

Existing Zoning _____

Relationship to Owner _____

Proposed Zoning _____

Legal Description of Property

Pre-application conference was held with _____

PERSONS IN INTEREST

Name	Address	Zip	Phone/Fax/Mobile
PROPERTY OWNER(S) (Identify General Partners)			

MORTGAGEES

OPTIONEES



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CONSULTANTS

Name	Address	Zip	Phone/Fax/Mobile
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CONTACT PERSON

Identify one person to serve as the contract for the Planning Department during the review process. This will be the only person notified by the Planning Department of meeting schedules. It will be his or her responsibility to notify the other parties who may be involved in the project.

Address _____

Phone/Fax _____

Name _____

OWNER CERTIFICATION

I certify that I am a person in interest and the information and exhibits herewith are true and correct to the best of my knowledge and that in filing this application, I am acting with the knowledge and consent of all persons in interest. Without the consent of persons in interest, the requested action cannot lawfully be accomplished.

Address _____

Phone/Fax _____

Name _____

Owner's Signature _____

Capacity _____

STAFF USE ONLY

APPLICATION ACCEPTED

Date _____

Time _____

By _____

Fee Received _____

Property Owners within 185 feet of Property notified

Application Requirements Complete