



Rezoning Application

Owner's Name:

Applicant's Name (if different):

Street address, or general location of site if no address. Include closest street intersection.

Size of tract: (*expressed in acres*) _____

Present Zoning Classification: _____ **Requested Zoning Classification:** _____

Current Use(s) of Property: _____

Project Information and Summary of Request:

Include a description of your project and a full and specific reason for requesting a zoning change.
Additional space may be needed.

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IMPORTANT: To move forward with this request, please ensure the following items are completed.

I have attached a warranty deed, trustee's deed, or other official document that includes a **DETAILED LEGAL DESCRIPTION** of property.

I have contacted an Abstract Company to provide notification of a public hearing to property owners whose properties are within 185 feet. The cost for this service is the responsibility of the applicant.

I have paid an application fee of \$250 required at the time of submission.

By signing this application form, I hereby acknowledge that the information I have provided is complete and accurate to the best of my knowledge. Furthermore, I acknowledge my responsibility to conform to the applicable federal, state and local regulations pertaining to the project described by this application and attachments. And further that my signature acknowledges acceptance and full responsibility for the payment to the City of Kirksville for all fees and charges incurred from a third party for the completion of the Rezoning, whether this Rezoning Request is approved or denied.

Owner's Signature

Date

Applicant / Agent Signature

Date

Submit completed form to:
City Planner
City of Kirksville
201 S. Franklin St.
Kirksville, MO 63501

For internal use:

Date reviewed by City Planner: _____

Date approved by Planning & Zoning Commission: _____

Date approved by City Council: _____

File#: _____