

## Rezoning Application

Applicant/Agent Information	n		
Name:			
Phone Number:	Email Address:		
Relationship to Property	Owner:		
Owner Information			
Name:			
Owner Address:		City:	State
Phone Number:	Email Address:		
Street address or general	location of site if no address	, include closest street inte	rsection.
Size of tract: <i>(expresse</i>	d in acres)		
Present Zoning Classifica	tion: Re	quested Zoning Classificati	on:
Current Use(s) of Propert	/:		
Project Information and	Summary of Request:		
Include a full and specific	reason for requesting a zoni	ng change. Additional space	ce may be needed.



Codes & Planning 201 S. Franklin Kirksville, MO 63501 Phone: 660.627.1272 Fax: 660.627.1026

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## **IMPORTANT NOTES:**

- Please attach a warranty deed, trustee's deed, or other official document that includes a **DETAILED LEGAL DESCRIPTION** of property.
- An Abstract Company must be obtained to provide notification to property owners, whose properties are within 185 feet of the special use permit takes place. The cost for this service is the responsibility of the applicant.

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.

Applicant/Agent Signature	Date
Owner 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: