



CITY OF NORBORNE, MISSOURI APPLICATION FOR REZONING

Part I: Applicant/Agent Information

Applicant: _____

Mailing Address: _____

Phone: _____ Fax: _____ E-Mail: _____

Property Owner (if different than applicant): _____

Mailing Address: _____

Phone: _____ Fax: _____ E-Mail: _____

Part II: Subject Property Information

Address: _____

Acreage/square footage: _____

Present Zoning: _____

Requested Zoning: _____

Present use of property: _____

Proposed use of property: _____

Describe existing uses/zoning of adjacent property: _____

What affect will the intended use have on surrounding properties, if any: _____

Part III: SUBMIT THE FOLLOWING ATTACHEMENTS:

In addition to the application the following list of items must be attached in order to be accepted as a complete application. *(Please check all boxes to assure all have been provided)*

- Complete application form
- Copy of recorded deed or other instrument to confirm proof of ownership
- Site plan
- Ownership list *(within 300 feet of subject property)*

Part IV: Signatures

Applicant:

By signing below, I acknowledge that all information submitted above is true to the best of my knowledge and belief.

Applicant/Agent

Date

Owner if different than Applicant:

If I have designated an agent or applicant to appear on my behalf, I understand such agent/applicant is designated to represent me and is authorized as the means of communication with the city in regards to this application. I further acknowledge that all submitted information above is true to the best of my knowledge and belief.

Owner

Date

Department Use Only

Date completed application received: _____

Date of meeting held by Board of Planning and Zoning Adjustments: _____

Approved; Yes: _____ No: _____ Date: _____

Approving Signature: _____