



5490 Fifth Street, Cottleville, MO 63304

Department of Development and Engineering Services

Phone: (636) 498-6565 Fax: (636) 498-6575

REZONING APPLICATION

Application No.: _____ Date Received: _____ Date Filed: _____

OWNERSHIP INFORMATION:

Property Owner: _____

Owner's Address: _____ City, State, Zip: _____

Telephone Number: _____ Fax Number: _____ Email: _____

Date Property Acquired: _____ Utilities Provided: (Water) _____ (Sewer) _____
(Missouri American, Duckett Creek, Private, Other)

APPLICANT INFORMATION:

Name of Applicant(s): _____

Applicant(s) Address: _____ City, State, Zip: _____

Telephone Number: _____ Fax Number: _____

Telephone Number: _____ Fax Number: _____ Email: _____

LOCATION OF REZONING:

Address: _____ Tax Parcel Number(s): _____

Current Land Use: _____ Size of Parcel (Sq.Ft. or Acres): _____

Legal Description of Property (other than address): _____

ZONING REQUEST:

Existing Zoning: _____ Proposed Zoning: _____

Purpose of Zoning Change: (Include the maximum # of residential units or non-residential square footages)



5490 Fifth Street, Cottleville, MO 63304

Department of Development and Engineering Services

Phone: (636) 498-6565 Fax: (636) 498-6575

REZONING APPLICATION

REQUIRED DOCUMENTATION:

- Application Fee (\$800.00). Please make a check payable to the City of Cottleville. *If the expenses exceed the amount of deposit, the applicant shall be obligated for payment of all such additional charges.*
- 2 folded copies of a scaled map of the property, correlated with the legal description and clearly showing the location of the property.
 - **IN ADDITION TO HARD COPIES, AN ELECTRONIC COPY OF ALL PLAN(S) ARE ALSO NEEDED.**
- A printed and electronic text formatted legal description of the property.
- A printed and electronic text formatted list of adjacent property owners (within 185 feet) and their addresses must be provided.
- The applicant is required to appear before the Commission.

ADDITIONAL INFORMATION:

In reviewing any application for rezoning, the Planning and Zoning Commission shall identify and evaluate all factors relevant to the application and shall report its findings in full, along with its recommendation, to the Board of Aldermen. The facts to be considered by the Commission include:

- A. Whether or not the requested zoning is justified by a change in conditions since the original ordinance was adopted or by an error in the original ordinance.
- B. The precedents, the possible effects of such precedents, which might likely result from approval or denial of the application.
- C. The ability of the City or other government agencies to provide any services, facilities and/or programs that might likely result from approval or denial of the petition.
- D. Effect of approval of the application on the condition and/or value of property in the City or in adjacent civil divisions.
- E. Effect of approval of the petition on adopted development policies of the City and other government units.
- F. The zoning and land use recommended by the Comprehensive Plan.

APPLICATION AGREEMENT:

By affixing signatures to this application form, the Applicant and Owner hereby verify that: they have reviewed the applicable zoning regulations; they are familiar with the specific requirements relative to this application; and they take full responsibility for this application.



Department of Development and Engineering Services

Phone: (636) 498-6565 Fax: (636) 498-6575

REZONING APPLICATION

The Applicant/Owner further agrees to allow the City of Cottleville to enter onto the subject property to install a sign informing of any Public Hearing that may take place with respect to the application and further agree to allow the agents of the City of Cottleville to enter onto the subject property to inspect the land and buildings.

I also certify that the information contained herein is correct to the best of my knowledge and belief. I understand this application, including any plans submitted, is public information. I authorize reproduction of any plans/reports for purposes of application processing and reporting.

Applicant's Signature Print Name Date

This application is made with my full knowledge and consent.

Owner's Signature Print Name Date