



Rezoning Application

Community Development Department
 Phone: (417) 732-3150
 Email: permits@republicmo.com

NOTICE: Fees for this application are collected at the time of submission

| | | | | |
|--------------------------------------------------------------|------|--------------------|--------------|---------|
| Application Date: | | Case No: | | |
| Site Information | | Site Address: | | |
| | | Legal Description: | | |
| Legal Description <i>(office use only)</i> | PIN: | Lot Number: | Subdivision: | Zoning: |
| Legal Owner Information | | Name: | | |
| Address: | | City: | | State: |
| Email Address: | | Phone Number: | | Zip: |
| Project Interest (owner, potential buyer, consultant, etc.): | | | | |
| Owner Representative Information | | Name: | | |
| | | Relation to Owner: | | |
| Address: | | City: | | State: |
| Email Address: | | Phone Number: | | Zip: |
| Project Information | | Proposed Zoning: | | |
| Description of Proposed Use: _____ | | | | |
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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. I also understand that this application will expire within 180 days of the date of my signing, unless extended in writing by the Building Official.

Date: _____ Name (please print): _____ Signature: _____

OFFICE USE ONLY

Application Type: _____

Building Code Review

Comments: _____
_____ Date: _____

Zoning Code Review

Comments: _____
_____ Date: _____

Floodplain Review

Comments: _____
_____ Date: _____

Fire Code Review

Comments: _____
_____ Date: _____

Public Works Review—Utilities

Comments: _____
_____ Date: _____

Public Works Review—Transportation

Comments: _____
_____ Date: _____

Public Works Review—Stormwater

Comments: _____
_____ Date: _____

Approved

Denied

Meeting

Final Determination:

BOA _____

P&Z _____

Council 1st _____

Council 2nd _____

Reviewed by: _____ on _____