

**APPLICATION FOR REZONING PERMIT
CITY OF COLE CAMP, MISSOURI**

To be considered for rezoning the applicant(s) needs to provide the following:

1. Complete, concise legal description of the area in question.
2. Application completed and signed by the property owner. An application is attached; additional applications are available in the City Clerk's office.
3. Plot plan for the area described in #1 above showing existing buildings, proposed buildings, distances from property lines, etc. (may be hand drawn by applicant).
4. Location sketch, or plat of the land, showing adjoining and abutting tracts and the owners of those tracts. Must include all property owners within 185 feet. Information may be obtained from City Hall.
5. Letter describing the request and any past and present issues related to the request the letter should be concise, legible and addressed to the Planning and Zoning Commission.
6. A list of owners of record title of the subject property and of all property within 185 feet of the boundaries of the subject property with current mailing addresses of such owners as set forth in the land records of Benton County, Missouri. Information may be obtained from City Hall.
7. Filing fee for Planning and Zoning case review is One Hundred (\$100.00) Dollars (non-refundable).
8. Applications must be filed with the City Clerk.
9. Failure to provide the above information may result in the application being delayed.
10. Application materials may be mailed to:

City of Cole Camp
City Clerk
PO Box 36 - 401 W Main
Cole Camp, MO 65325
Phone - (660) 668-4444 Fax - (660) 668-2300
colecampclerk@gmail.com

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APPLICATION FOR REZONING PERMIT CITY OF COLE CAMP, MISSOURI ***Before completing this application, please read the attached information thoroughly. *** Instructions: All questions must be answered in black ink, please PRINT or TYPE. If a question is not applicable, indicate by "N/A". Application must be signed by applicant.

Name of Property Owner(s): _____

Address: _____

Phone: _____ (List all owners of the property. If corporation or partnership, list names, addresses and telephone number of principal officers or partners)

2. Name of landowner's representative, if different from above:

Address: _____

Phone: _____

3. All correspondence relative to this application should be directed to whom?

4. General Location of property to be rezoned:

5. Do you have a specific use proposed for this property?

Yes _____ No _____ If yes, explain all uses: _____

6. Area of property in square feet or acres: _____

7. Present zoning classification: _____

8. Proposed zoning classification: _____

9. Present use of property (describe all present improvements): _____

10. Present use of all property abutting property proposed to be rezoned: _____

11. If a zoning district or comparable use to that proposed adjoins or lies with the near vicinity of the subject property, please describe the use and its location:

12. Do any private covenants or restrictions encumber the subject property which could be in conflict with the proposed zoning classification? Yes _____ No _____ If yes, please remit a copy of restrictions with the Recorder of Deeds book and page number.

13. To your knowledge, have any previous applications for the reclassification of the subject property been submitted? Yes _____ No _____

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14. How, in your opinion, will the rezoning affect public facilities (water, sewer, roads, etc.) and what measures does the applicant propose to address these problems if any.

15. List the reasons why, in your opinion, this application for rezoning should be granted:

16. This application must be signed by the property owner or his authorized agent. In the absence of the signature of the owner, the applicant shall attach a written power of attorney signed by the owner.

Date of application: _____

Signature of Property Owner

*****FOR OFFICE USE ONLY*****

Date application received: _____ Application Fee Received _____

City Clerk

Recommendation of the Planning and Zoning Commission:

Date: _____

Action of Board of Aldermen

APPROVED: ____ Ordinance Number _____ DENIED: ____ D