



# REZONING APPLICATION

## Clay County Planning & Zoning

<p><b>Fees: (Non-Refundable)</b>  AG, R-1, R-5, OP = \$375  RU, R-SD, RSDM = \$475  C-1, C-2, I-1, I-2 = \$550</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Rezoning</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Special Deposit</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Legal Notice</td> <td style="text-align: right;">\$ 130.00</td> </tr> <tr> <td>Adjoiners:</td> <td></td> </tr> <tr> <td>Cert. Rate* _____ X # of Adj. _____ =</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Overlay District (\$100.00)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> PUD <input type="checkbox"/> CD <input type="checkbox"/> POD</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td style="text-align: right;"><b>TOTAL:</b></td> <td style="text-align: right;"><b>\$ _____</b></td> </tr> </table>	Rezoning	\$ _____	Special Deposit	\$ _____	Legal Notice	\$ 130.00	Adjoiners:		Cert. Rate* _____ X # of Adj. _____ =	\$ _____	Overlay District (\$100.00)		<input type="checkbox"/> PUD <input type="checkbox"/> CD <input type="checkbox"/> POD	\$ _____	<b>TOTAL:</b>	<b>\$ _____</b>	<p><b>Contact:</b> _____</p> <p><b>Address:</b> _____</p> <p><b>Telephone:</b> H) _____ B) _____</p> <p><b>FAX:</b> _____</p> <p><b>E-Mail:</b> _____</p>
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*NOTE: The Fee must accompany this application, checks should be made payable to the "Clay County Treasurer"*

<b>Request:</b>	<b>Present Zoning:</b>	<b>Requested Zoning:</b>
Name of Subdivision:	_____	_____
Present Use of Subject Property:	_____	_____
Desired Use of Subject Property:	_____	_____
Time Schedule for Development:	_____	_____
Address of Property to be Rezoned:	_____	

*Legal Description of property to be subdivided must be provided to Planning & Zoning Staff*

<b>Total Acreage:</b>	<b>Acreage to be Rezoned:</b>	<b>Number of Lots:</b>
_____	_____	_____

<b>Applicant's Name:</b>	_____	
<b>Applicant's Address:</b>	_____	
<b>Applicant's Telephone:</b>	H) _____	B) _____
	C) _____	F) _____

<b>Property Owner's Name:</b>	_____	
<b>Property Owner's Address:</b>	_____	
<b>Property Owner's Telephone:</b>	H) _____	B) _____
	C) _____	F) _____

<b>Surveyor's/Land Planner's Name:</b>	_____	
<b>Surveyor's/Land Planner's Address:</b>	_____	
<b>Surveyor's/Land Planner's Telephone:</b>	H) _____	B) _____
	C) _____	F) _____

*All required items must be submitted with this application, or the application may be rejected.*

I hereby affirm that the above statements and representations are true and correct.

Applicant's Signature: _____	Date: _____
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<b>OFFICE USE ONLY:</b>	Sec: _____ Twn: _____ Rge: _____ Parcel#: _____
Legal: _____ Adjoiner: _____ Health: _____ Water: _____ Hwy: _____ MoDOT: _____ OwnAuth: _____	
Fire: _____ School: _____ City: _____ Other: _____	