



City of Warrensburg
102 S. Holden
Warrensburg, MO 64093
PH: 660.747.9135
FX: 660.747.8927

APPLICATION FOR CHANGE OF ZONING DISTRICT

PLANNING & ZONING COMMISSION

Date: _____

To the Honorable Mayor and City Council
City of Warrensburg, Missouri

The undersigned hereby state that they are the owners of the following described real estate:

(Legal description of real estate and location map may be attached as exhibits)

The undersigned hereby petition the City Council of the City of Warrensburg, Missouri, to rezone the above described real estate from its present status of _____ district to - _____ district.

The purpose of this request is to _____

Included with this application are the following attachments:

1. The names and addresses of **ALL** property owners within 300 feet of the above described real estate determined by lines drawn parallel to and three hundred (300) feet distant from the property lines of the property in question; and,
2. Check in the amount of \$150.00 payable to the City of Warrensburg.

OWNER (S) OF REAL ESTATE: (Attach additional sheets if necessary.)

Name (type or print)

Signature

Name (type or print)

Signature

Address

Phone No.

For Office Use Only: Submit completed application to Planner

Case Number: _____

Filing Fee: \$150

Date Paid: _____