



201 North State, Knob Noster MO 65336

Phone: 660-563-2595 Fax: 660-563-5634

## CITY OF KNOB NOSTER PLANNING AND ZONING APPLICATION

### Application Type:

Re - Zoning from District \_\_\_\_\_ to District \_\_\_\_\_

Voluntary Annexation: \_\_\_\_\_

Residential Business: \_\_\_\_\_

Special Use Permit For : \_\_\_\_\_

Preliminary Development Plan

Final Development Plan

Preliminary Plat

Final Plat

Minor Plat

Vacation of Easement/Right of Way

PROJECT NAME: \_\_\_\_\_

PROPERTY LOCATION/ADDRESS: \_\_\_\_\_

ZONING OF PROPERTY: \_\_\_\_\_

PROPOSED USE(S) ( e.g single family, multi - family, retail etc.):

LEGAL DESCRIPTION:

PROVIDE THE FOLLOWING INFORMATION (if applicable):

Size of Building(s) (sq. ft): \_\_\_\_\_

Total number of lots: \_\_\_\_\_

Acreage in the common area: \_\_\_\_\_

Dated Filed: \_\_\_\_\_

Received by: \_\_\_\_\_

APPLICANT (DEVELOPER) : \_\_\_\_\_ PHONE: \_\_\_\_\_  
CONTACT PERSON: \_\_\_\_\_ FAX: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_

PROPERTY OWNER: \_\_\_\_\_ PHONE: \_\_\_\_\_  
CONTACT PERSON: \_\_\_\_\_ FAX: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_

ENGINEER/SURVEYOR: \_\_\_\_\_ PHONE: \_\_\_\_\_  
CONTACT PERSON: \_\_\_\_\_ FAX: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_

OTHER CONTACTS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
CONTACT PERSON: \_\_\_\_\_ FAX: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_  
E-MAIL: \_\_\_\_\_

THE ACCOMPANING MAPS AND DATA MUST BE SUBMITTED WITH THIS APPLICATION:

- Two (2) sets of all plans
- One (1) reduced set of all plans to no larger than 8 ½" X 11" Size
- Completed Checklists

FILING FEE IN THE AMOUNT OF \$25.00 PAYABLE TO THE CITY OF KNOB NOSTER

The legal property owner AND applicant must sign the application, if other than the owner. The property owner may grant permission for the filing of the application by means of a signed and notarized affidavit to that effect.

\_\_\_\_\_  
PROPERTY OWNER  
Print Name: \_\_\_\_\_  
Date: \_\_\_\_\_

\_\_\_\_\_  
APPLICANT  
Print Name: \_\_\_\_\_  
Date: \_\_\_\_\_