



PLANNING & ZONING APPLICATION

APPLICATION TYPE:

| | | |
|--------------------------|------------------------------|--|
| <input type="checkbox"/> | Rezone from District _____ | to District _____ |
| <input type="checkbox"/> | Voluntary Annexation _____ | |
| <input type="checkbox"/> | Residential Business _____ | |
| <input type="checkbox"/> | Special Use Permit for _____ | |
| <input type="checkbox"/> | Preliminary Development Plan | <input type="checkbox"/> Preliminary Plat |
| <input type="checkbox"/> | Final Development Plan | <input type="checkbox"/> Final Plat |
| <input type="checkbox"/> | Preliminary Plan | <input type="checkbox"/> Minor Plat |
| | | <input type="checkbox"/> Vacation of Easement / Right of Way |

PROJECT DETAILS:

Project Name: _____

Address: _____ Current Zoning: _____

Proposed Use(s): (eg single family, multi family, retail, etc) _____

Legal Description: _____

Size of Building(s) (sq ft): _____

Total # of Lots: _____ Acreage in the common area: _____

CONTACTS:

| | | | |
|-------------------------------|-------|----------|-------|
| Applicant (Developer): | _____ | Contact: | _____ |
| Address: | _____ | City: | _____ |
| | | State: | _____ |
| | | Zip: | _____ |
| Email: | _____ | Phone: | _____ |
| | | Fax: | _____ |
| Property Owner: | _____ | Contact: | _____ |
| Address: | _____ | City: | _____ |
| | | State: | _____ |
| | | Zip: | _____ |
| Email: | _____ | Phone: | _____ |
| | | Fax: | _____ |
| Engineer/Surveyor: | _____ | Contact: | _____ |
| Address: | _____ | City: | _____ |
| | | State: | _____ |
| | | Zip: | _____ |
| Email: | _____ | Phone: | _____ |
| | | Fax: | _____ |
| Other: | _____ | Contact: | _____ |
| Address: | _____ | City: | _____ |
| | | State: | _____ |
| | | Zip: | _____ |
| Email: | _____ | Phone: | _____ |
| | | Fax: | _____ |



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REQUIREMENTS:

The following maps, data and documents must be submitted with this application:

- Completed Application
- Two (2) sets of all plans
- One (1) reduced set of all plans to no larger than 8 1/2" x 11" size
- Filing Fee in the amount of \$25.00 made payable to the City of Knob Noster
- Affidavit (if applicable)

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

| | |
|--------------------------------------|---------------------------------|
| _____ Signature / Property Owner | _____ Signature / Applicant |
| _____ Print Name / Property Owner | _____ Print Name / Applicant |
| _____ Date | _____ Date |

APPLICATION REVIEW PROCESS:

1. Upon completion of this application, it is to be submitted to the Planning & Zoning Official with all required attachments.
2. The application and attachments will be verified and if all state a local requirements are met, it will be presented to the Planning & Zoning Board for their review.
3. The Planning & Zoning Board will review the application and offer a recommendation to the Board of Alderman for a final decision.
4. When a final decision has been reached, the Applicant will be notified by the Planning & Zoning Official.
5. Allow 60-90 days for a decision and notification to be made.

For Office Use Only:

Date Received: _____
 Date Presented to P&Z: _____
 Date Presented to BOA: _____

Decision:

Approved / Denied: _____
 Date of Decision: _____
 Date of Notification: _____

Comments:
