



Application #: _____
Date Submitted: _____
Public Hearing: _____
Date Approved: _____

CITY OF PARKVILLE • 8880 Clark Avenue • Parkville, MO 64152 • (816) 741-7676 • FAX (816) 741-0013

Application for Zoning Map Revision (Rezoning)

1. Applicant / Contact Information

Applicant(s)

Name: _____
Address _____
City, State _____
Phone: _____ Fax: _____
E-mail _____

Engineer / surveyor(s) preparing legal desc.

Name: _____
Address: _____
City, State: _____
Phone: _____ Fax: _____
E-mail: _____

Owner(s), if different from applicant

Name: _____
Address: _____
City, State: _____
Phone: _____ Fax: _____
E-mail: _____

Contact Person

Name: _____
Address: _____
City, State: _____
Phone: _____ Fax: _____
E-mail: _____

We, the undersigned, do hereby authorize the submittal of this application and associated documents and certify that all information contained therein is true and correct. We acknowledge that rezoning in the City of Parkville is subject to the Municipal Code of the City of Parkville. We do hereby agree to abide by and comply with the above-mentioned codes, and further understand that any violations from the provisions of such or from the conditions as stated herein shall constitute cause for fines, punishments and revocation of approvals as applicable.

Applicant's Signature (Required) _____ **Date:** _____

Property Owner's Signature (Required) _____ **Date:** _____

2. Property Information

Legal description: Attach a separate sheet with complete writing and graphical legal description of the subject property.

Property address or general description of location: _____

Parcel ID Number: _____

Present zoning: _____ Proposed zoning: _____

Present use of the property: _____

Length of use: _____

3. Neighboring land uses and zoning

Describe the existing land use and zoning on the surrounding properties:

<u>Existing Land Use</u>	<u>Existing Zoning</u>
North: _____ _____	_____
South: _____ _____	_____
East: _____ _____	_____
West: _____ _____	_____

Attach a summary of the general character of the surrounding properties, the effects of the proposed rezoning on nearby property, the suitability of the site for development under the current zoning, adequacy of area roads, public utilities and public services necessary to serve development permitted in the proposed zoning district, consistency of the proposed zoning with the City’s adopted Master Plan, and any other relevant information relating to this rezoning request.

4. Checklist of required submittals

- Completed application, including all required details and supporting data.
- Nonrefundable application fee of \$300.00. Applicant will be billed to recover costs for required publication and certified notice to adjacent property owners.
- Complete written and graphical legal description of subject property in paper and electronic formats, and 8.5” x 11” area map showing the subject property and surrounding major features including roads.
- List of names and addresses of all property owners within 185’ of the property to be rezoned (certified or as obtained from the Platte County Assessors Office and verified in the Platte County Recorder’s Office.
- If proposed rezoning is for a “planned” district (i.e. R-5, B-4, B-P, OTD, Community Unit Plan), a complete site plan/development plan including all features as required by Municipal Code.
- Notarized affidavit of ownership and authorized signature of the applicant and owner of record of the property.

For City Use Only

Application accepted as complete by: _____
Name/Title Date

Application fee payment: Check # _____ M.O. _____ Cash
 Final reimbursable costs paid (if applicable). Date of Action: _____

Planning Commission Action: Approved Approved with Conditions Denied Date of Action: _____
 Conditions if any: _____

Board of Aldermen Action: Approved Approved with Conditions Denied Date of Action: _____
 Conditions if any: _____