



OFFICIAL USE
Filing Fee \$ _____
Observation Fee \$ _____
Receipt Number _____

**APPLICATION FOR REZONING
PLANNING COMMISSION
400 Main Street
Platte City, MO 64079**

1. Submittal Date _____, 20__
2. Location _____
Street Address, if any, and general location
3. Subdivision _____ Lot _____ Block _____
4. Quarter Section _____ Section _____ Township _____ Range _____
5. Current Zoning Class _____ Proposed Zoning Class _____
6. Applicant Name _____
Address _____
Residence Phone No. _____ Bus. Phone No. _____
7. Property Owner Name _____
Address _____
Residence Phone No. _____ Bus. Phone No. _____
8. State reason for rezoning request:

9. Attach list of all property owners within two hundred (200) feet of the boundary proposed tract to be rezoned.

Note: Applicant is responsible for notifying above owners by certified mail, return receipt requested, at least fifteen (15) days prior to public hearing date. Notice must include date, time, place and reason for public hearing. Applicant is responsible for preparation of list of those notified and submission to City Clerk Noon the Thursday before of the hearing.

Applicant Signature _____ Date _____