

CITY OF KIRKSVILLE
APPLICATION FOR REZONING

General location of property (use street intersections if possible) _____

Street address of property (note "n/a" if site is vacant) _____

Size of tract (expressed in acres) _____

Deed to property recorded in Book _____, Page _____

Present Zoning Classification _____

Requested Zoning Classification _____

Present use(s) of property _____

Reason for requesting zoning change _____

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THE FOLLOWING INFORMATION MUST BE ATTACHED ON A SEPARATE PAPER AND
SUBMITTED WITH THIS APPLICATION

OWNERS of record:

Names
Address
City
State
Zip
Phone
E-mail Address

CONTRACT PURCHASER:
(if applicable)

Name
Address
City
State
Zip
Phone
E-mail Address

AGENT:

Name
Address
City
State
Zip
Phone
E-mail Address

Owner/Agent Signature

Date

SUBMIT COMPLETED FORM TO:
PLANNING DIRECTOR
CITY OF KIRKSVILLE
201 S. FRANKLIN ST.
KIRKSVILLE, MO 63501
660.627.1272
660.627.1026 FAX

FOR OFFICE USE ONLY

Date reviewed by Planning Director _____

Date approved by P&Z Commission _____

Date approved by City Council _____