

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 \_\_\_\_\_

.....  
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 \_\_\_\_\_