



Codes & Planning
201 S. Franklin
Kirksville, MO 63501
Phone: 660.627.1272
Fax: 660.627.1026

Rezoning Application

Applicant/Agent Information

Name: _____

Phone Number: _____ Email Address: _____

Relationship to Property Owner: _____

Owner Information

Name: _____

Owner Address: _____ City: _____ State _____

Phone Number: _____ Email Address: _____

Street address or general location of site if no address, include closest street intersection.

Size of tract: (*expressed in acres*) _____

Present Zoning Classification: _____ Requested Zoning Classification: _____

Current Use(s) of Property: _____

Project Information and Summary of Request:

Include a full and specific reason for requesting a zoning change. Additional space may be needed.



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IMPORTANT NOTES:

- Please attach a warranty deed, trustee’s deed, or other official document that includes a **DETAILED LEGAL DESCRIPTION** of property.
- An Abstract Company must be obtained to provide notification of a public hearing to property owners whose properties are within 185 feet. The cost for this service is the responsibility of the applicant.

By signing this application form, I hereby acknowledge that the information I have provided is complete and accurate to the best of my knowledge. Furthermore, I acknowledge my responsibility to conform to the applicable federal, state and local regulations pertaining to the project described by this application and attachments. And further that my signature acknowledges acceptance and full responsibility for the payment to the City of Kirksville for all fees and charges incurred from a third party for the completion of the Rezoning, whether this Rezoning Request is approved or denied.

 Applicant/Agent Signature

 Date

 Owner Signature

 Date

Submit completed form to:
 City Planner
 City of Kirksville
 201 S. Franklin St.
 Kirksville, MO 63501

For internal use:
 Date reviewed by City Planner: _____
 Date approved by Planning & Zoning Commission: _____
 Date approved by City Council: _____



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