CITY OF ASHLAND, MISSOURI

REQUEST FOR REVISION TO THE ZONING MAP

1.) _____ _____

Name of Property Owner | Potential Buyer/Lessee

_____ _____

Address | Address

_____ _____

City State—Zip Phone | City State—Zip Phone

2.) Legal Description of land for which revision to zoning map application is made. Please attach a copy of Warranty Deed, Deed of Trust or survey.

Section: _____ Township:: _____ Range: _____ _____

_____

3.) Present zoning and actual land use: _____

_____

4.) Lot/Tract Size: _____ Acres/Square Feet **5.)** Requested zoning district: _____

6.) Adjacent Zoning: _____

7.) Proposed use should the request to rezone be approved:
(Please be as detailed as possible in describing the proposed use)

_____

_____

8.) Reason and justification for the request being submitted:

_____

_____

9.) Approximate size, use and location of any structure:

Existing: _____ Proposed: _____

10.) Type of wastewater system: _____

******* Application FEE of $100.00 Paid at Submission *******

The above information is true and correct to the best of my knowledge.

_____ _____

Owner's Signature Date | Potential Buyer's/Lessee's Signature Date

Representative: (Surveyor, Engineer, Attorney, Etc.)

_____

Name Phone

_____

Address

NOTE: Petitioner shall furnish the names of all owners of record of all real property lying adjacent to and within 185 feet of any real property, exclusive of streets and alleys, for which change is requested.

Received By: _____ _____

Office Staff Member Date

Modified: 02-05-2010