



CITY OF GREENWOOD
ZONING APPLICATION
709 West Main Street
Greenwood, MO 64034
816-537-6969 Fax 816-537-7461

This application to re-zone property requires all documentation and a \$750.00 fee. Applications must be submitted at least forty-five days prior to the Planning Commission meeting in which the request will be heard. Incomplete applications will be returned to the applicant.

Attach additional pages whenever necessary; Enter N/A for items that are not applicable:

Address of Property _____

Parcel ID No. _____

Submittal Requirements

- _____ Completed Pre-Application conference with City Planning and Staff.
 - _____ Completed application and fee at least 45 days prior to hearing date.
 - _____ List of all property owners and mailing addresses of property within 185 feet of subject property.
 - _____ Legal description and proximity map of subject property.
 - _____ Plan drawings to scale (for commercial, industrial and multi-family) including:
 - _____ Plan view
 - _____ Elevation view
 - _____ Landscape plan
 - _____ Parking requirement calculations
 - _____ Sign drawing, showing dimensions, location and style of sign
 - _____ Lighting plan
 - _____ Plat, if required (unplatted property must be accompanied by a plat.
 - _____ Traffic Study
 - _____ Paid County Property Tax Receipt
 - _____ Ownership and Encumbrance (O&E) Report (less than 90 days old)
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General Information

Current Zoning: _____

Requested Zoning (one only): _____

Current use of property _____

Proposed use of property _____

Special Use Permit requested? Yes / No (circle one)

If Special Use Permit requested, what specific use is it for? _____

Length of time requested for Special Use Permit? _____

(Special Class permits are approved for a limited period of time by the Board of Aldermen and must be renewed by the Board upon expiration and may be revoked by the Board for cause as stated in §400.210 of the City Code)

Owner(s) of Property

Name _____

Address _____

Phone _____ Fax _____

E-mail _____

Applicant(s) (if different than Owner)

Name _____

Address _____

Phone _____ Fax _____

E-mail _____

Engineer or Architect

Name _____

Address _____

Phone _____ Fax _____

E-mail _____

