

# CITY OF PACIFIC

## Zoning Change Application

300 Hoven Dr, Pacific, MO 63069

636-271-0500 ext 221

www.pacificmo.gov



### Applicant Information:

Applicant Name

Applicant Address

Applicant Phone #

Applicant Email

### Property Owner Information:

Applicant Signature(s)

Date

Property Owner's Name

Property Owner's Address

Property Owner's Phone

E-Mail

### Property Information:

Property Owner Signature(s)

Date

Address for which Rezoning is being sought

Total Acreage

Present Zoning

Requested Zoning

Current Property Use

Proposed Property Use

The following factors justify this Zoning request (attach additional information if necessary):

### Please Read:

The application will not be complete unless it is accompanied by the following items:

- the required filing fee (residential/nonprofit \$250+\$50/acre) (commercial \$275)
- All required applicant signature(s), including signature(s) of current property owner.
- A legal description of the affected real estate sealed by a land surveyor per section 400.260(B) of the zoning ordinance.
- One paper copy and one electronic copy of a sealed plat or survey of the property clearly showing the boundaries of the property; its current and proposed zoning district classification and the current zoning classification of adjacent properties.
- A description of the proposed use of the property and the estimated impact of the proposed use on the surrounding neighborhood.
- Certified mail notice to all property owners within 250 feet of the subject property. City will prepare and mail the mailing for the applicant at the applicant's expense.

### OFFICE USE ONLY

Permit Number

Public Hearing Date

Check \_\_\_\_\_

Cash

C/C

Application Cost: \$ \_\_\_\_\_

Building Commissioner Signature