



PLANNING AND ZONING APPLICATION CITY OF FARMINGTON, MISSOURI

CASE NO. _____

ADDRESS/LOCATION _____

SUBDIVISION _____ LOT _____ BLOCK _____

EXISTING ZONING/USE _____ SITE AREA (ACRES) _____

PROPOSED ZONING/USE (IF APPLICABLE) _____

APPLICANT _____ PHONE _____

APPLICANT ADDRESS _____

OWNER(S) _____ PHONE _____

OWNER ADDRESS _____

DESIGN PROFESSIONAL _____ PHONE _____

(OR LAND SURVEYOR)

DESIGN PROFESSIONAL ADDRESS _____

TYPE OF REQUEST

- | | | |
|--|---|-----------------------------------|
| <input type="checkbox"/> ANNEXATION | <input type="checkbox"/> REZONING | <input type="checkbox"/> VARIANCE |
| <input type="checkbox"/> PRELIMINARY PLAT | <input type="checkbox"/> SITE PLAN | <input type="checkbox"/> APPEAL |
| <input type="checkbox"/> RECORD PLAT | <input type="checkbox"/> SPECIAL USE PERMIT | <input type="checkbox"/> VACATE |
| <input type="checkbox"/> BOUNDARY ADJUSTMENT | <input type="checkbox"/> PLANNED UNIT DEVELOPMENT | <input type="checkbox"/> OTHER |

DESCRIPTION OF REQUEST _____

TO BE CONSIDERED COMPLETE AN APPLICATION MUST INCLUDE THE FOLLOWING.

1. THIS FORM SIGNED BY ALL OWNERS OR AUTHORIZED AGENTS.
2. A COPY OF THE DEED FOR THE PROPERTY.
3. A LIST OF THE NAMES AND ADDRESSES OF ALL OWNERS OF CONTIGUOUS PROPERTY.
4. ANY LEGAL PETITIONS APPLICABLE TO THE REQUEST (ANNEXATION OR VACATE)
5. THE REQUIRED PLATS, PLANS, OR SURVEYS.
6. THE REQUIRED FEES.

SIGNATURE(S) _____ DATE _____