



PETITION FOR CHANGE OF ZONING CLASSIFICATION
STATE OF MISSOURI
COUNTY OF ST. CHARLES
CITY OF ST. PETERS

INSTRUCTIONS TO APPLICANT: APPLICATION NUMBER: _____

Submit to the Administrative Officer:

- The petition forms completely filled out, typed or printed.
- The petition fee.
 A FEE IS REQUIRED TO COVER THE COST OF CERTIFIED MAILINGS, PUBLICATIONS AND ANY ADDITIONAL ADMINISTRATIVE EXPENSES ASSOCIATED WITH THIS PETITION.
 - THE BASE FEE IS \$250.00 WHICH SHOULD BE SUBMITTED WITH THIS PETITION.
 - THE APPLICANT WILL BE BILLED \$2.00 PER EACH SET OF 3 LETTERS FOR THE ADDITIONAL COST OF THE MAILINGS.
- A typed legal description of the property being petitioned.
- Deed for subject property.

NAME OF APPLICANT: _____
IF APPLICANT IS A LIMITED LIABILITY CORPORATION OR INCORPORATION, A COPY OF THE CURRENT OPERATION AGREEMENT OR ARTICLES OF INCORPORATION, WHICHEVER IS APPLICABLE, SHALL BE PROVIDED.

ADDRESS: _____
 _____ ZIP CODE: _____

TELEPHONE NUMBER: _____ FAX: _____ E-MAIL: _____

NAME OF LEGAL OWNER: _____
IF OWNER IS A LIMITED LIABILITY CORPORATION OR INCORPORATION, A COPY OF THE CURRENT OPERATION AGREEMENT OR ARTICLES OF INCORPORATION, WHICHEVER IS APPLICABLE, SHALL BE PROVIDED.

ADDRESS: _____
 _____ ZIP CODE: _____

TELEPHONE NUMBER: _____ FAX: _____ E-MAIL: _____

CHECK ONE: OWNER OWNER BY OPTION AGENT OTHER (SPECIFY): _____

IF OWNER BY OPTION, INDICATE: DATE OF CONTRACT: _____
 EXPIRATION DATE: _____

LOCATION OF PROPERTY: _____

ACREAGE TO THE NEAREST 1/10 OF AN ACRE OF THE PROPERTY BEING PETITIONED: _____

PRESENT ZONING CLASSIFICATION: _____

PRESENT USE: _____

PROPOSED ZONING CLASSIFICATION: _____

PROPOSED USE: _____

THE FOLLOWING FACTORS JUSTIFY THIS REQUEST: (ATTACH ADDITIONAL SHEETS IF NECESSARY):

SIGNATURE OF APPLICANT (MUST BE NOTARIZED): _____

DATE: _____

STATE OF MISSOURI }
COUNTY OF ST. CHARLES } SS

On this _____ day of _____, _____, before me personally appeared
number date month year

_____ To me known,
who, being by me duly sworn, did say that they have signed the foregoing instrument of their own free will and deed. In Testimony Whereof, I have hereunto set my hand and affixed my official seal in the County and State aforesaid the day and year first above written.

Notary Public

My Commission Expires: _____

SIGNATURE OF LEGAL OWNER (MUST BE NOTARIZED): _____

DATE: _____

STATE OF MISSOURI }
COUNTY OF ST. CHARLES } SS

On this _____ day of _____, _____, before me personally appeared
number date month year

_____ To me known,
who, being by me duly sworn, did say that they have signed the foregoing instrument of their own free will and deed. In Testimony Whereof, I have hereunto set my hand and affixed my official seal in the County and State aforesaid the day and year first above written.

Notary Public

My Commission Expires: _____

TO BE COMPLETED BY ADMINISTRATIVE OFFICE		FEE PAID: \$ _____ (\$250.00)
DATE FILED: _____		\$ _____ (Mailing)
month day year		