



Village of Four Seasons Planning & Zoning
Attn: Village Clerk
133 Cherokee Road
Four Seasons, Missouri 65049
Phone: (573) 635-3833
Email: info@villageoffourseasons.com

REZONING APPLICATION
(Submit completed form to the above address)

The undersigned of the following described premises (herein called "Applicant"), located at (provide street address or n/a if site is vacant): _____

hereby requests a new rezoning classification for the property described above.

NAME OF APPLICANT: _____

ADDRESS: _____ PHONE NUMBER: _____
_____ EMAIL ADDRESS: _____

LEGAL OWNER(S) (OWNER AFFIDAVIT REQUIRED): _____

ADDRESS: _____ PHONE NUMBER: _____
_____ EMAIL ADDRESS: _____

NAME OF ENGINEER OR SURVEYOR:

ADDRESS: _____ PHONE NUMBER: _____
_____ EMAIL ADDRESS: _____

NAME OF NEW OWNER(S): _____
(IF PROPERTY IS BEING TRANSFERRED)

ADDRESS: _____ PHONE NUMBER: _____
_____ EMAIL ADDRESS: _____

ALL CORRESPONDENCE RELATED TO THIS APPLICATION SHOULD BE DIRECTED TO: _____

PRESENT ZONING CLASSIFICATION: (CHECK ALL THAT APPLY)

☐ R-1	☐ R-2	☐ PUD	☐ C
SINGLE FAMILY	MULTIFAMILY	PLANNED	COMMERCIAL
DWELLING	DWELLING	DEVELOPMENT	DISTRICT
DISTRICT	DISTRICT	DISTRICT	

REQUESTED NEW ZONING CLASSIFICATION: (CHECK ALL THAT APPLY)

☐ R-1	☐ R-2	☐ PUD	☐ C
SINGLE FAMILY	MULTIFAMILY	PLANNED	COMMERCIAL
DWELLING	DWELLING	DEVELOPMENT	DISTRICT
DISTRICT	DISTRICT	DISTRICT	

REQUIRED INFORMATION:

HOW LONG HAVE YOU OWNED THIS PROPERTY: _____

PRESENT USE OF ALL PROPERTY ABUTTING SUBJECT PROPERTY: _____

IF A ZONING DISTRICT OR PROPERTY COMPARABLE TO THAT PROPOSED ADJOINS OR LIES WITHIN THE VICINITY OF THE SUBJECT PROPERTY, STATE WHETHER IT IS AVAILABLE FOR THE USE PROPOSED IN THIS APPLICATION: _____

DO YOU OWN PROPERTY ABUTTING OR IN THE VICINITY OF THE SUBJECT PROPERTY? ____ YES OR ____ NO. IF YES, WHERE IS THAT PROPERTY LOCATED AND WHY WAS IT NOT INCLUDED IN THIS APPLICATION?

DO PRIVATE COVENANTS OR RESTRICTIONS ENCUMBER THE SUBJECT PROPERTY THAT COULD BE IN CONFLICT WITH THE PROPOSED ZONING CLASSIFICATION? ____ YES OR ____ NO. IF YES, PLEASE REMIT A TRUE AND ACCURATE COPY OF THE C&R WITH RECORDED DATE, DEED BOOK AND PAGE #.

STATE THE USE TO WHICH THIS TRACT WILL BE PUT IF REZONED AS REQUESTED.
(ATTACH PLANS, PICTURES, OR DRAWINGS OF COMMERCIAL OR INDUSTRIAL BUILDINGS):

AREA OF PROPERTY IN SQUARE FEET OR ACRES: _____

IS TRANSFER OF OWNERSHIP OF THE TRACT DEPENDENT UPON THE GRANTING OF THIS REZONING?
_____ YES _____ NO

WAS THERE A PRIOR APPLICATION TO REZONE THIS TRACT? ____ YES ____ NO (OR A LARGER OR SMALLER INCLUDED TRACT)
IF SO: DATE OF APPLICATION _____
PRIOR ACTION TAKEN _____

STATE THE REASONS WHY YOU BELIEVE THE REQUESTED REZONING WILL BE BENEFICIAL TO THE NEIGHBORHOOD AND TO THE VILLAGE:

REQUIRED ATTACHMENTS:

- ☐ NONREFUNDABLE FEE **\$750.00** MADE PAYABLE TO: VILLAGE OF FOUR SEASONS, MISSOURI
- ☐ LEGAL DESCRIPTION OF TRACT OR TRACTS TO BE REZONED
- ☐ A SCALE PLAT OF THE TRACT OR TRACTS, SHOWING THE FOLLOWING:
 - ☐ ALL BOUNDARY DIMENSIONS
 - ☐ ALL ADJOINING STREETS AND ALLEYS
 - ☐ ALL PRESENT IMPROVEMENTS
 - ☐ ALL INTENDED IMPROVEMENTS
- ☐ LIST OF ALL OWNERS WITHIN 185' OF THE SUBJECT PROPERTY WITH CURRENT MAILING ADDRESSES AS SET FORTH IN THE LAND RECORDS OF CAMDEN OR MILLER COUNTY, MISSOURI

****PLEASE NOTE:** ALL ADJOINING AND CORNERING PROPERTY OWNERS WITHIN 185' OF PROPERTY LINES WILL BE NOTIFIED OF REZONING REQUEST.

AS APPLICANT, I STATE UPON MY OATH THAT ALL THE INFORMATION CONTAINED HEREIN IS TRUE. I UNDERSTAND THAT BY FILING THIS APPLICATION, I AM ENTITLED TO A PUBLIC HEARING. NOTICE OF THE PUBLIC HEARING SHALL BE PUBLISHED IN A NEWSPAPER OF LOCAL CIRCULATION. I ALSO UNDERSTAND THAT AT THE PUBLIC HEARING ANY INTERESTED PERSON MAY ATTEND AND COMMENT ON MY REZONING REQUEST. I UNDERSTAND THAT AFTER THE PUBLIC HEARING, THE PLANNING & ZONING COMMITTEE SHALL DECIDE WHETHER OR NOT TO RECOMMEND TO THE VILLAGE TRUSTEES THAT MY PROPERTY BE REZONED AS REQUESTED. I ALSO UNDERSTAND THAT BY PAYING THE APPLICATION FEE, I AM NOT GUARANTEED THAT MY REZONING REQUEST WILL BE GRANTED AND THAT THE FEE WILL NOT BE REFUNDED TO ME IN THE EVENT MY REQUEST IS DENIED.

SIGNATURE OF APPLICANT

APPLICATION DATE

SIGNATURE OF LEGAL OWNER

APPLICATION DATE

SIGNATURE OF LEGAL OWNER

APPLICATION DATE

SIGNATURE OF NEW OWNER (IF APPLICABLE)

APPLICATION DATE

OFFICE USE ONLY

APPLICATION FEE RECEIVED: ____ YES ____ NO CHECK NO. _____

CHECK BELOW WHEN ALL REQUIRED ATTACHMENTS ARE INCLUDED WITH APPLICATION:

____ LEGAL DESCRIPTION OF TRACT OR TRACTS TO BE REZONED

____ 10 COPIES OF A SCALE PLAT OF THE TRACT OR TRACTS, SHOWING THE FOLLOWING:

____ ALL BOUNDARY DIMENSIONS

____ ALL ADJOINING STREETS AND ALLEYS

____ ALL PRESENT IMPROVEMENTS

____ ALL INTENDED IMPROVEMENTS

____ CONFIRMATION OF ALL ADJOINING AND CORNERING PROPERTY LINES

____ LIST OF ALL OWNERS WITHIN 185' OF ADJOINING AND CORNERING PROPERTY LINES

____ ZONING CLASSIFICATION OF ALL ADJOINING AND CORNERING PROPERTY LINES

REPRESENTATIVE OF THE VILLAGE OF FOUR SEASONS

DATE

DATE APPLICATION FILED WITH PLANNING AND ZONING COMMISSION: _____

DATE NOTICES MAILED TO ADJOINING LANDOWNERS: _____

APPROVAL/DENIAL PLANNING AND ZONING COMMISSION: _____

DATE FILED WITH TRUSTEES: _____

DATE APPLICANT REQUESTED PUBLIC HEARING: _____

DATE OF PUBLIC HEARING: _____

FINAL ACTION BY VILLAGE TRUSTEES: _____

DATE OF FINAL ACTION BY TRUSTEES: _____

OWNERSHIP AFFIDAVIT

STATE OF MISSOURI)
) ss.
COUNTY OF _____)

COMES NOW _____ (Owner)

who being duly sworn upon his/her oath, does state that he/she is the owner of the property legally described as:

_____ in the application for _____

(type of application - e.g., rezoning, special use permit, etc.).

Owner acknowledges the submission of said application and understands that upon approval of the application the proposed use specified in the application will be a permitted use upon the subject property under the Village of Four Seasons' Code of Ordinances.

Dated this _____ day of _____ 20()

Signature of Owner

Printed Name

On this _____ day of _____ in the year _____ before me, a Notary Public in and for said state, personally appeared the above-named person, known to me to be the person who executed the within Affidavit, and acknowledged to me that he/she executed the same for the purposes therein stated.

Notary Public/Seal