VILLAGE OF FOUR SEASONS

Application for Rezoning

INSTRUCTIONS

1. Application for Rezoning, Zoning Ordinance amendment or for issuance of a Special Use Permit must be submitted to the Village Clerk's office.

2. All questions must be answered in black ink. Either type written or printed. If a question is not applicable, indicate by stating N/A

3. Application must be signed, dated and notarized by the applicant.

4. The following attachments MUST be submitted with the application.

    a. A list of owners of record title (1.) of the subject property and (2.) of all property within 185 feet of the boundaries of the subject property with current mailing addresses of such owners as set forth in the land records of Camden or Miller County, Missouri.

    b. Accurate legal descriptions of the subject property.

    c. A site plan of appropriate scale as determined by the zoning administrative official, shall be submitted with all applications for special use permits, which site plan shall disclose the location of proposed improvements to the property For both rezoning and special use permit applications, a map of appropriate scale as determined by the zoning administrative official, shall be submitted with all applications indicating abutting properties located within 185 feet of the subject property and the owner(s) thereof.

    d. A non-refundable check in the amount of One Hundred Dollars ($100.00) payable to the Village of Four Seasons and cost for mailing of notices as determined by the Village Clerk. Note: The cost is $.73 for each name listed for abutting property owner located within 185 feet of the subject property. If this is submitted along with an application for Rezoning or a Variance application this fee shall be waived.

VILLAGE OF FOUR SEASONS

Application # _____

VILLAGE OF FOUR SEASONS, MISSOURI
APPLICATION FOR REZONING/SPECIAL USE PERMIT

*** Before completing this application, please read the attached information thoroughly and follow the accompanying instructions to this form***

1. Name of Applicant: _____
   Address: _____
   _____
   Phone: _____ Cell: _____
   Fax: _____ Email: _____

List all owners of the property. If corporation, or partnership, list names, addresses and telephone number of principal officers or partners.

2. Name of applicant's representative, if different from applicant:
   _____
   Address: _____
   _____
   Phone: _____ Cell: _____
   Fax: _____ Email: _____

3. All correspondence relative to this application should be directed to whom?
   _____

4. General location of property to be rezoned or for which special use permit is sought:
   _____
   _____

5. Do you have a specific use proposed for part of or all of this property? YES _____ NO _____
   Explain all uses: _____
   _____
   _____
   _____

6. Area of property in square feet or acres: _____
   _____

7. Present zoning classification: _____

VILLAGE OF FOUR SEASONS

8. Proposed zoning classification _____
   OR for the following use: _____
   _____

9. How long have you owned this property: _____

10. Present use of property (describe all present improvements) _____
    _____
    _____
    _____

11. Present use of all property abutting property proposed to be rezoned: _____
    _____
    _____
    _____

12. If a zoning district comparable to that proposed adjoins or lies within the near vicinity of the subject property, state whether it is available for the use proposed in this application: _____
    _____
    _____
    _____

13. Do you own property abutting or in the near vicinity of the subject property? Yes_____
    No _____ If yes, where is this property located and why was it not included in this application:
    _____
    _____

14. Do any private covenants or restrictions encumber the subject property which could be in conflict with the proposed zoning classification? Yes ____ No _____ If yes, please remit copy of restrictions with recorded date, deed book and page number.

15. To your knowledge, have any previous applications for the reclassification of the subject property been submitted? Yes ____ No _____

List the reasons why, in your opinion, this application for rezoning/special use permit should be granted. _____
_____
_____
_____
_____
_____
_____
_____
_____