CITY OF OVERLAND
DEPARTMENT OF COMMUNITY DEVELOPMENT
9119 LACKLAND RD | OVERLAND, MO 63114

APPLICATION FOR ZONING AMENDMENT APPROVAL

Email application(s) to: CDPermits@overlandmo.org

DATE OF APPLICATION: _____ **APPLICATION #:** _____

PROJECT ADDRESS: _____

APPLICANT INFORMATION:

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Fax #: _____

Email Address: _____

Property Interest of Applicant: ☐ owner ☐ Renter/Lessee ☐ Other_____

PROPERTY OWNER INFORMATION (IF DIFFERENT THAN APPLICANT INFORMATION):

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Fax #: _____

Email Address: _____

DESCRIPTION OF PROPERTY TO BE REZONED:

Street Address or Location: _____

Parcel Locator Number: _____

Existing Zoning District Classification: _____

Proposed Zoning District Classification: _____

Land Use Development – Existing: _____

Land Use Development – Proposed: _____

REASONS/JUSTIFICATIONS FOR ZONING AMENDMENT: (USE BACK IF NECESSARY):

_____

_____

_____

REQUIRED ATTACHMENTS - ZONING MAP AMENDMENTS ONLY:

☐ Legal Description by Licensed Surveyor

☐ Scaled map correlated with legal description, with location of property clearly delineated

☐ List of property owners within 300 lineal feet of subject property (not including streets, alleys or rights-of-way)

REQUIRED ATTACHMENTS - ZONING TEXT AMENDMENTS ONLY

☐ Existing text to be deleted and new text to be added

NOTICE TO APPLICANT
Application is hereby being made for a zoning amendment and, in the case of a zoning map amendment, with the willful consent of the owner of the subject property. The information contained in this application and the attachments hereto is complete, true and accurate.

Signature of Applicant	*Signature of Owner*	*Signature of Property Owner*
Print Name of Applicant	*Print Name of Owner of Business*	*Print Name of Owner*
Date	*Date*	*Date*

NOTE: ALL SIGNATURE(S) MUST BE NOTARIZED.

Subscribed and sworn before me personally appeared _____ this _____

day of _____, 20___.

_____

Notary

FOR DEPARTMENT OF COMMUNITY DEVELOPMENT USE ONLY			
Amendment Application No.:		Denied:	
Date Received:		Application #:	
P&Z Hearing Date:		C.C. Hearing Date:	
Fee Paid:	$250.00	Date Paid:	
Approved:		Denied:	Date: