

City of Park Hills, Missouri

Application for Hearing

Planning and Zoning Commission

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APPLICANT INFORMATION:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: Daytime \_\_\_\_\_ Evening \_\_\_\_\_

Is applicant the owner of the property? \_\_\_\_\_ If no, provide name and address of owner:

SITE INFORMATION:

Street Address: \_\_\_\_\_ Parcel Number: \_\_\_\_\_

Legal Description: Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision :

Current Zoning District Classification: \_\_\_\_\_

REQUESTED ACTION:

Re-zoning of a lot or tract from the current district to the

Preliminary zoning classification for property proposed for annexation. Requested classification:

Special-Use Permit.

Street and/or Alley Vacate. Description:

Subdivision Approval: \_\_\_Preliminary \_\_\_ Final \_\_\_Re-subdivision :

Request for an exception to the Subdivision of Land Regulations

Notes:

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I/ We, the undersigned applicant(s) hereby acknowledge that I/We am/are the owner(s) of record of the property referenced above, or the authorized agent of the owner, and agree to pay all costs associated with the advertisement of notices in association with the processing of this application and all costs associated with the development of the legal descriptions necessary for the completion of this request.

\_\_\_\_\_

\_\_\_\_\_

Date

\_\_\_\_\_

\_\_\_\_\_

Date

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*Office Use Only*

Filing Fee: \$ 35.00

Date Paid: \_\_\_\_\_

PUBLICATION FEE \$ \_\_\_\_\_

Description Prep Fee: \$ 0.00

Date Paid: N/A

