



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: _____

Application for Zoning Amendment Approval (Revised May 2024)

Department of Community Development

Telephone Number (314) 227-2930 • Fax Number (314) 428-4960

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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.

<i>Signature of Applicant</i>	<i>Signature of Owner</i>	<i>Signature of Property Owner</i>
<i>Print Name of Applicant</i>	<i>Print Name of Owner of Business</i>	<i>Print Name of Owner</i>
<i>Date</i>	<i>Date</i>	<i>Date</i>

NOTE: ALL SIGNATURE(S) MUST BE NOTARIZED.

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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:	_____