



DEPARTMENT OF
COMMUNITY PLANNING & DEVELOPMENT

CITY HALL ANNEX
520 MAIN STREET
BELTON, MISSOURI 64012

TELEPHONE * (816) 331-4331
FAX * (816) 331-6973

WEBSITE * www.belton.org

ZONE CHANGE APPLICATION

(If rezoning property to **RESIDENTIAL**)

FILING FEE: \$150.00

APPLICANT / OWNER: _____

ADDRESS: _____ PHONE: _____

EMAIL: _____

AGENT: _____

ADDRESS: _____ PHONE: _____

EMAIL: _____

The applicant hereby requests a change of zoning from _____ district to _____ district

For property legally described as: _____

Request this change in zoning for the following reason(s): _____

I (We), the applicant(s), acknowledge that this application cannot be processed unless it is completed fully; accompanied by an ownership list as required; and is accompanied by the appropriate fee.

Owner (Print Name)

Owner (Signature)

Authorized Agent (Print Name)

Authorized Agent (Signature)

ACKNOWLEDGEMENT

STATE OF _____)

COUNTY OF _____) ss

Be it remembered that on this _____ day of _____, 20____, Before me, a Notary Public in and for said County and State, came _____ to me personally know to be the same person who

Executed the foregoing instrument of writing and duly acknowledge the execution of same.

In Testimony Whereof, I have hereunto set my hand and affixed my notary seal the day and year first above written.

NOTARY PUBLIC

My Commission Expires: _____

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OFFICE USE ONLY

This application was received at the Planning Office at _____(AM/PM), on _____, 20_____.

Application is complete and accompanied by required documents and the appropriate fee of \$ _____.

City Staff

Title