



Fax: (816) 630-9572

COMMUNITY DEVELOPMENT
PLANNING & ZONING
201 East Broadway
Excelsior Springs, MO 64024
Phone: (816) 630-9594

FOR OFFICE USE ONLY
Fee: _____
Date Received: _____
Public Notice Date: _____
P&Z Hearing: _____
City Council: _____

Zoning Map Amendment Application

Applicant Name (Please Print): _____

Applicant Address: _____

Phone: _____ **Email:** _____

Property Owner, Address & Phone (If different from applicant): _____

Property Location: _____

Zoning District Map change from _____ to _____. Please describe the purpose of the requested change:

- Please attach a copy of the owner's **WARRANTY DEED** or a **TITLE REPORT** with the complete and correct legal description for the subject property.
- Please include a list of neighboring property owners, which must include the name and address of all owners within 200 feet of the subject property.
- Please attach supplemental information for Planned District request per Chapters 400.060 and 404.100 of the Excelsior Springs Municipal Code.

Applicant

Owner (If different from applicant)

Date

Date