



**COMMUNITY DEVELOPMENT**  
**PLANNING & ZONING**  
201 East Broadway  
Excelsior Springs, MO 64024  
Phone: (816) 630-0756  
Fax: (816) 630-9572

FOR OFFICE USE ONLY
Fee: _____
Date Received: _____

## Land Use Permit Application

Applicant Name (Please Print):

\_\_\_\_\_

Applicant Address:

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

*Applicant requests Land Use Permit as allowed in Chapter 404 of Excelsior Springs Code for the property located at:*

\_\_\_\_\_

*Describe nature and operation of the Land Use:*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current use of property:

\_\_\_\_\_

**Applicant must supply three (3) large copies of the site plan/staked plot plan for staff review.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Phone Number: \_\_\_\_\_ Applicant Email: \_\_\_\_\_

<b>For Office Use Only</b>		
Approved _____	Disapproved _____	Date _____
_____ Reviewing Official		
_____ Title		