REZONING APPLICATION
Clay County Planning & Zoning

Fees: (Non-Refundable) AG, R-1, R-1A, OP = **$325** and R-1B = **$425** C-1, C-2, I-1, I-2 = **$500**		**Contact:**
Rezoning (See Fee Schedule)	**$**	**Address:**
Special Deposit	**$**	
Legal Notice	**$ 75.00**	**Telephone:** H)
Adjoiners: **Cert. Rate*** _____ **X # of Adj.**_____ **=**	**$**	B)
*Prevailing Certified Postage Rate		C)
TOTAL:	**$**	**FAX:**
		E-Mail:

NOTE: The Fee Total must accompany this application, by check or money order payable to the "Clay County Treasurer"

Request: **Present Zoning:** **Requested Zoning:**

Name of Subdivision:

Present Use of Subject Property:

Desired Use of Subject Property:

Time Schedule for Development:

Address of Property to be Rezoned:

(Legal Description of property to be subdivided must be provided in both paper & electronic form)

Total Acreage: **Acreage to be Rezoned:** **Number of Lots:**

(Attach Owner's Authorization if Applicant is different from Owner. If Owner is a Corporation, Applicant or person signing Owner's Authorization must be an officer of corporation and must attach certification of corporate office held, to this application.)

Applicant's Name:		
Applicant's Address:		
Applicant's Telephone:	H)	B)
	C)	F)

Property Owner's Name:		
Property Owner's Address:		
Property Owner's Telephone:	H)	B)
	C)	F)

Surveyor's/Land Planner's Name:		
Surveyor's/Land Planner's Address:		
Surveyor's/Land Planner's Telephone:	H)	B)
	C)	F)

All required items *must* be submitted with this application, or the application may be rejected (see INFORMATION ABOUT PRELIMINARY PLATS, FINAL PLATS, AND REZONINGS.)

I hereby affirm that the above statements and representations are true and correct.

Applicant's Signature: Date:

OFFICE USE ONLY: Sec: ____ Twn: ____ Rge: ____ Parcel#: _____

Legal: ____ Adjoiner: ____ Health: ____ Water: ____ Hwy: ____ MoDOT: ____ OwnAuth: ____

Fire: ____ School: ____ City: ____ Other: _____