

CHANGE OF ZONING DISTRICT APPLICATION

**CITY OF ST. ROBERT, MISSOURI
CHANGE OF ZONING DISTRICT
APPLICATION**



Date of Submittal: _____
Application No.: _____
Application Fee: **\$85.00**
Received By: _____



The signers of this application petition the St. Robert Board of Aldermen to approve a change of zoning district classification for the described real property from the current zoning designation of _____ to a new designation of _____.

Metes and Bounds Description of Real Property to be Rezoned (attach copy of a plat, parcel survey or site plan showing rezoning district boundaries):

We, the signers of this application, do attest to the truth and correctness of all facts and information presented with this application. The City of St. Robert is authorized to prepare and deliver to the Daily Guide; all required public notice advertising required by RsMO 89.050.

CURRENT PROPERTY OWNER'S NAME(S):

Name of current owner(s): _____
(please print)

If corporation: Corporate official: _____
(please print)

Mailing address: _____ City: _____ State: _____
Zip Code: _____ Telephone Number: _____ Fax No.: _____
(corporate seal)

PROPERTY OWNER(S) SIGNATURE: Signature(s): _____

AUTHORIZED REPRESENTATIVE:

I hereby certify that I am authorized to represent all property owners of the above-described real property in this application proceeding.

Name: _____ Signature: _____
(please print)

Mailing address: _____ City: _____ State: _____
Zip Code: _____ Telephone Number: _____ Fax No.: _____

Land Development & Infrastructure Regulations can be reviewed on the City web site at www.saintrobert.com by locating the "Building and Land Dept." link on the left margin of the main web page.

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SUMMARY OF DEVELOPMENT (please print)

A. State your reason for requesting a change of zoning district classification for the real property described in the metes and bounds description.

B. When did you purchase the property in question? _____

C. Are you the sole owner of the property in question (circle one)? Yes No

D. Are all co-owners aware of this request (circle one)? Yes No Not Applicable

E. Are there any deed restrictions or restrictive covenants that affect the use of the property (circle one)? Yes No

F. If there are any deed restrictions or restrictive covenants that affect the use of the property, what are they?

G. What is the property currently being used for?

H. Describe the overall scope of development, density and types of land uses that will be located on this property if it should be approved for rezoning.

I. What assurances are there that the rezoning of this property will not have a detrimental effect on adjoining properties or not distract from the general character of the neighborhood?

J. State how you believe that the rezoning of this property will benefit the overall future growth and development of the City of St. Robert and not simply a benefit to the property owners in general.

K. What is the projected completion time of all development activities on the proposed property to be rezoned? _____

L. If approved for rezoning, how long before final development plans and specifications will be submitted? _____

M. Will any new streets be constructed and dedicated to the public for this development (circle one)? Yes No

Note: Approval of a change of zoning district does not authorize development activities to commence without the review and approval of development plans and specifications, or in some instances the approval of a plat of subdivision

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