

STATE OF MISSOURI )  
 )  
COUNTY OF JEFFERSON )  
 )  
CITY OF HILLSBORO )

BEFORE THE PLANNING AND ZONING COMMISSION OF THE CITY OF HILLSBORO

IN RE: Application for Zoning )  
Change from \_\_\_\_\_ )  
District to \_\_\_\_\_ )  
District )  
Applicant(s) )  
\_\_\_\_\_)  
\_\_\_\_\_)  
\_\_\_\_\_)

APPLICATION FOR ZONING CHANGE

The foregoing applicant(s) being the owner of the following described real estate located in Hillsboro, Jefferson County, Missouri, do hereby request that the zoning classification of the following described land be changed from \_\_\_\_\_ District to \_\_\_\_\_ District, and in support of said application submit the following.

1. Legal Description. The legal description of the affected real estate is attached hereto.
2. Assessor's Parcel Number: \_\_\_\_\_
3. Items required to be attached to the application upon completion:
  - a. Proof of ownership: \_\_\_\_\_
  - b. Copy of deed: \_\_\_\_\_
  - c. Copy of plat: \_\_\_\_\_
4. Ownership: The real estate is owned by the following person(s):  
\_\_\_\_\_
5. Existing contracts to purchase land. The following persons have a contract to purchase (all) (none) of the land: \_\_\_\_\_

6. Is the sales contract contingent upon the zoning change occurring? YES \_\_\_\_\_ NO \_\_\_\_\_  
NOT APPLICABLE \_\_\_\_\_

7. Type and identity of {commercial} {\_\_\_\_\_other} establishment(s) planned to be located upon the premises, and the name and address of the developer of same and the owner of same if any, \_\_\_\_\_  
\_\_\_\_\_

8. Reasons why you believe the tract should be rezoned:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Certification. I/we, the undersigned, have reviewed the above information and found it to be correct. I/we also understand that all of the above items are required for my/our application to be considered complete and for it to be scheduled on the agenda for hearing by the Planning and Zoning Commission and the Board of Aldermen of the City of Hillsboro. I have included all items indicated as required above unless I have marked them as not applicable.

Executed as of the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature of Applicant(s)

\_\_\_\_\_  
\_\_\_\_\_

STATE OF MISSOURI        )  
  ) SS.  
COUNTY OF JEFFERSON    )

Subscribed and sworn to before me, a Notary Public in and for said State, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

(SEAL)

\_\_\_\_\_  
Notary Public

My commission expires: