

CASE # (assigned by Staff): _____



DEPARTMENT OF COMMUNITY DEVELOPMENT

200 North Second Street, Suite 303
Saint Charles, MO 63301
636-949-3227
FAX 636-949-3557

REZONING APPLICATION

ADDRESS OF PROPERTY TO BE REZONED: _____

APPLICANT:

(Name)

(Address)

(Phone & Email Address)

PROPERTY OWNER:

(Name)

(Address)

(Phone & Email Address)

**LEGAL DESCRIPTION OF THE PROPERTY MUST BE ATTACHED – DIGITAL FORMAT
PREFERRED**

EXISTING ZONING DISTRICT: _____ REQUESTED ZONING DISTRICT: _____

REASON FOR REZONING REQUEST: _____

I (We) hereby authorize the City of Saint Charles, Missouri to post a notice or sign of the proposed rezoning on the above described property. I (We), the undersigned, as legal owner(s) of the above described property, file this petition for a zoning district change. If the undersigned is not the legal owner, attached is an affidavit of the legal owner(s) authorizing the zoning district change. To the best of my knowledge, the above statements and the statements contained in all of the attached exhibits transmitted herewith are true.

Signature of the applicant: _____

Date: _____

Signature of the property owner: _____

Date: _____

NOTE: APPLICANTS ARE REQUIRED TO ATTEND THE PUBLIC HEARINGS.

Application fee: \$300.00