

CITY OF WRIGHT CITY
REZONING APPLICATION

Date Submitted: _____

Applicant's Name: _____

Applicant's Address: _____

Applicant's Telephone Number: _____

Zoning District Requested: _____

Property Description (legal description): _____

Present Zoning District: _____

Property Owner's Name: _____

Property Owner's Address: _____

Property Owner's Telephone Number: _____

Description of Project: _____

I have read the above application and understand the content thereof and certify the same to be true and correct. I further state that I am familiar with the laws governing zoning districts and the penalties for non-compliance. I understand that the Planning & Zoning Commission could require additional information, which must be submitted before the application is considered.

Applicant's Signature Date

Property Owner's Signature of Approval Date

Fees:

Per Section 400.060 of Wright City Municipal Code, all costs plus 15 percent to be borne by the applicant with a minimum fee to be \$200.00

Publication Fees \$ _____

Postage Fees \$ _____

Total Amount Paid \$ _____ Date _____

Public Hearing Publication Date _____ Public Hearing Date _____

Date Approved by Planning & Zoning Commission _____

Date Approved by Board of Aldermen _____