

CITY OF HOLLISTER REZONING APPLICATION

PO BOX 638
HOLLISTER, MO 65673
417-337-9756
bldgofficial@cityofhollister.com

Date: _____

Petitioner Information:

Owner Applicant

Name: _____

Mailing Address: _____

City/St/Zip: _____

Phone/Cell: _____

Email: _____

Action requested:

The undersigned hereby petition the Planning Commission for a recommendation to City Council for rezoning approval from the City of Hollister, Missouri, for the described real estate from its present status

From: _____ To: _____

Site Information:

Location of Property (provide address and general vicinity)

Legal Description of Property and Copy of Plat:

Adjoining Zoning: E S W N

Present Use of Property:

Proposed Use of Property:

Comments:

Names, Phone Numbers, & Addresses of property owners within 200' of said premises.

Name	Address	Phone
CITY WILL PROVIDE LIST OF NAMES		

I hereby certify that all the information is true and accurate.

Owner

Applicant (attorney, partner, agent, etc.)

FOR OFFICE USE:

Filed in the office of the City Clerk (\$75.00 application fee) _____

Submitted to the Planning Commission _____

Planning Commission Recommend _____

Council Public Hearing set for
15 day notice required to be published before hearing _____

Public hearing advertised on _____

Property owners with 200' notified by regular mail _____

Written protest to City Clerk _____

Bill No. _____ Ordinance No. _____

Effective date of rezoning _____

Zoning map corrected _____