



City of Jefferson  
Department of Planning & Protective Services  
320 E. McCarty Street  
Jefferson City, MO 65101  
Phone: 573-634-6410  
[jcplanning@jeffcitymo.org](mailto:jcplanning@jeffcitymo.org)  
[www.jeffersoncitymo.gov](http://www.jeffersoncitymo.gov)

## APPLICATION FOR ZONING AMENDMENT

The undersigned hereby petitions the Planning and Zoning Commission and City Council of the City of Jefferson, Missouri, for the following amendment to the Zoning Code:

- ☐ Zoning Text Amendment (Describe below or attach complete narrative)

Article and Section Affected (if applicable) \_\_\_\_\_

Description of proposed text amendment: \_\_\_\_\_

\_\_\_\_\_

- ☐ Zoning Map Amendment (Rezoning of Real Estate)

The undersigned hereby state they are the owners of the following described real estate:

Property Address: \_\_\_\_\_

Legal/Property Description (write out or attach as an exhibit): \_\_\_\_\_

\_\_\_\_\_

Who petition to rezone the above described real estate from its present classification of \_\_\_\_\_ district to

\_\_\_\_\_ district. The purpose of this rezoning request is to: \_\_\_\_\_

\_\_\_\_\_

**ALL OWNERS OF REAL PROPERTY PROPOSED TO BE REZONED MUST SIGN THE APPLICATION, AND ALL SIGNATURES MUST BE NOTARIZED. IF ADDITIONAL SIGNATURES ARE NEEDED, PLEASE ATTACH SEPARATE SHEETS.**

\_\_\_\_\_  
Property Owner #1 Name (type or print)

\_\_\_\_\_  
Property Owner Signature

\_\_\_\_\_  
Property Owner #2 Name (type or print)

\_\_\_\_\_  
Property Owner Signature

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_.

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

<b>Address of Property Owner #1</b>	
Name	
Mailing Address	
Phone Number	
<b>Address of Property Owner #2</b>	
Name	
Mailing Address	
Phone Number	

For City Use Only: Application Filing Fee \$210 (Revised June 30, 2015)

Payment Received: \_\_\_\_ Cash (Receipt # \_\_\_\_\_); \_\_\_\_ Check (Copy; check # \_\_\_\_\_)

Attachments: \_\_\_\_ Additional sheets or documentation \_\_\_\_ Applicant/Project Information Sheet \_\_\_\_ Location Map

Individuals should contact the ADA Coordinator at (573) 634-6570 to request accommodations or alternative formats as required under the Americans with Disabilities Act. Please allow three business days to process the request.



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<b>Project Information</b> (Please use additional sheets if necessary)			
Name of Project			
Location/Address			
Submitted by			
Applications Submitted (Check box and circle item)		<input type="checkbox"/> P&Z: Zoning Amend   Comp Plan Amend   Special Exception   PUD   Sub. Plat   Annexation	
		<input type="checkbox"/> BOA: CUP   Variance   Appeal	
		<input type="checkbox"/> Staff: Site Plan   Bldg Plans   Grading Plan   Change of Use   Temp Use	
<b>Consultant(s)</b> (List lead consultant and all others who are responsible for major project)			
Lead Consultant Name		Firm Name	
Address			
Telephone Number		Fax No.	
E-Mail			
Consultant Name		Firm Name	
Address			
Telephone Number		Fax No.	
E-Mail			
Consultant Name		Firm Name	
Address			
Telephone Number		Fax No.	
E-Mail			
<b>Property Owners/Applicants</b> (List owner; Mark "X" next to the name of the primary)			
<input type="checkbox"/>	Owner Name		
Address			
Telephone No.		Fax No.	
E-Mail			
<input type="checkbox"/>	Applicant Name		
Address			
Telephone No.		Fax No.	
E-Mail			

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