

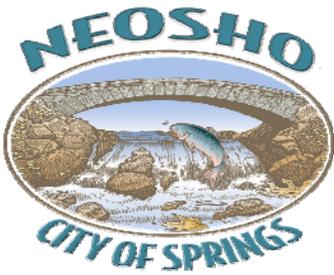
Planning and Zoning Department
City Hall 203 E. Main Neosho, MO 64850 Phone 451-8050

PROCEDURE FOR REZONING , SPECIAL USE PERMIT AND ABANDONMENT/VACATION OF STREETS and ALLEYS

- Applications shall be made on forms provided by the Planning and Zoning Department at City Hall.
- Filing fee, plus cost for publication and notice shall be paid when application is filed with **all** required attachments. **Required attachments are as follows:**
 1. Receipt for payment of applicable fee plus publication cost.
 2. List of property owners with 200 feet of said property (name, address, and parcel number)*
 3. Map of lots and streets within at least 300 feet *
 4. Copy of Deed *
- At the time of filing, the City Clerk shall note on the application the date of filing and make a permanent record of notation.
- Application shall go before the Planning and Zoning Commission within two (2) regular meetings from the date of filing. See attached schedule.
- Before the hearing, a Notice shall be published in the newspaper, and four (4) signs shall be posted on the property announcing hearing dates.
- At the hearing, the Commission shall make a report of their **recommendation** to approve or deny the application. This is **NOT** a final decision.
- The application and the Commissions recommendation shall then go before the City Council at the next regularly scheduled meeting. A notice shall be published announcing the hearing at least once, prior to hearing date.

* Available at the County Assessors office

Note: If an objection is received by property owners of at least two-thirds of the surrounding 185 feet of property, then the rezoning must be passed by a four-fifths vote.



Planning and Zoning Department

City Hall 203 E. Main Neosho, MO 64850 Phone 451-8050

PLANNING AND ZONING APPLICATION

PROJECT TITLE & TYPE

- | | |
|---|---|
| <input type="checkbox"/> Preliminary Plat / Site Plan | <input type="checkbox"/> Vacation of Right-of-Way |
| <input type="checkbox"/> Special Use Permit | <input type="checkbox"/> Board of Adjustments |
| <input type="checkbox"/> Rezoning | <input type="checkbox"/> Vacation of Easement |
| <input type="checkbox"/> Final Plat / Site Plan | <input type="checkbox"/> Other _____ |

INFORMATION

APPLICANT	PROJECT
Name _____	Project Location _____
Address _____	Existing Use _____
Phone _____	Proposed Use _____
Contact Person Name _____	Existing Zone _____
Contact Person Phone _____	Proposed Zone _____

SIGNATURE OF OWNERS & DATE

The above information and the attached list of property owners and the area map are true and accurate to the best of my knowledge.

_____ Signature of Owner	_____ Date
-----------------------------	---------------

_____ Signature of Co-Owner	_____ Date
--------------------------------	---------------

Staff Use Only

Application Accepted...

Date _____

Time _____

By _____

- Application Fee Received
- Deed Attached
- Parcel Map Attached
- Property Owners Within 200 Ft Attached
- Publication Fee Received

