

## PLANNING AND ZONING COMMISSION REZONING REQUEST

APPLICANT:

\_\_\_\_\_  
Company Name (If applicable)

\_\_\_\_\_  
Printed Name, Title (If applicable)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City/State/Zip Code

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Email

STREET ADDRESS OF PROPERTY TO BE REZONED:

\_\_\_\_\_  
\_\_\_\_\_

OWNER (attach additional):

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City/State/Zip Code

\_\_\_\_\_  
Telephone Facsimile

\_\_\_\_\_  
Email Address

Contract Purchaser/Developer:

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Printed Name, Title

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City/State/Zip Code

\_\_\_\_\_  
Telephone Facsimile

\_\_\_\_\_  
Email Address

LEGAL DESCRIPTION OF PROPERTY (other than address)

\_\_\_\_\_  
\_\_\_\_\_

EXISTING ZONING: \_\_\_\_\_

PROPOSED ZONING: \_\_\_\_\_

PROPOSED USE:

\_\_\_\_\_  
\_\_\_\_\_

NO. UNITS: \_\_\_\_\_

FEES: A non-refundable fee of **\$125** shall be paid by the applicant. Applicant shall also submit a **deposit in the amount of \$500** and shall upon demand make an additional deposit for fees exceeding the amount or shall be refunded remaining deposit if charges are less.

REZONING REQUEST

In reviewing any application for rezoning, the Planning and Zoning Commission shall identify and evaluate all factors relevant to the application and shall report its findings in full, along with its recommendation, to the Board of Aldermen. The facts to be considered by the Commission include:

1. Whether or not the requested zoning is justified by a change in conditions since the original ordinance was adopted or, by an error in the original ordinance.
2. The precedents, the possible effects of such precedents, which might likely result from approval or denial of the application.
3. The ability of the City or other government agencies to provide any services, facilities and/or programs that might likely result from approval or denial of the petition.
4. Effect of approval of the application on the condition and/or value of property in the City or in adjacent civil divisions.
5. Effect of approval of the petition on adopted development policies of the City and other government units.
6. The zoning and land use recommended by the Comprehensive Plan.

CHECKLIST TO COMPLETE THIS APPLICATION

- ( ) Provide two (2) folded copies of a scaled map of the property, correlated with the legal description and clearly showing the location of the property.  
*Additional copies for distribution to Planning and Zoning Commission and Board of Aldermen members will be requested upon review by the City Engineer.*
- ( ) Electronic and paper copy of legal description of the property are provided. Electronic files may be sent via email to the City Clerk ([newmellecity@centurylink.net](mailto:newmellecity@centurylink.net)).
- ( ) Provide a list of the names and mailing addresses of property owners with property within an area determined by lines drawn parallel to and five hundred (500) feet distant from the boundaries of the subject property. Electronic files may be sent via email to the City Clerk ([newmellecity@centurylink.net](mailto:newmellecity@centurylink.net)).
- ( ) The applicant is required to appear before the Planning and Zoning Commission and Board of Aldermen.

*Please Note:*

Prior to approval of a Building Permit, a Construction Site Plan must be reviewed and approved by the City Engineer. In addition, the appropriate Fire Protection District will need to review and approve the development.

Any signage to be placed on the subject property requires a separate Sign Permit.

Any business occupying the site requires approval of a Business License.

···**Before signing this application, make sure all items above are completed**···

City of New Melle  
145 Almeling Street  
PO Box 114  
New Melle, MO 63365

(636) 828-4807

[newmellecity@centurylink.net](mailto:newmellecity@centurylink.net)  
[www.cityofnewmelle.org](http://www.cityofnewmelle.org)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

*NOTE: By affixing signatures to this application form, the Applicant and Owner hereby verify that: they have reviewed the applicable zoning regulations; they are familiar with the specific requirements relative to this application; and they take full responsibility for this application. The above signatures further indicate that the information provided on this form and any additional data attached hereto is true, complete, and accurate.*