



APPLICATION FOR REZONING

Town of Augusta
P.O. Box 42, Augusta, Missouri 63332
townofaugustamo@gmail.com

Approved	For Office Use Only	
	Application No.	
	Town Clerk Signature:	Date:
Denied		
Approved with Conditions		

Parcel Information

Property Address:
Parcel ID Number:
Parcel Size (acres or sq ft):
Current Zoning:
Requested Zoning:

Applicant / Owner Information

Does the applicant own the property? yes no	
If the applicant does not own the property, the attached verification must be completed by all property owners, notarized, and returned with this application.	
Applicant:	Property Owner:
Address:	Address:
City, State, Zip:	City, State, Zip:
Phone:	Phone:
E-Mail:	E-Mail:

APPLICATION MUST INCLUDE:

- A recent deed to the property showing ownership
- A development plan, either in narrative form or a preliminary site plan, to indicate the proposed development. This should include a written explanation why the property needs to be rezoned.
- Notarized approval of property owner(s), if applicant is not the property owner
- Application Fee of \$1,000

Please return all required documents to the Zoning Commissioner at:
P.O. Box 42, Augusta, MO 63332

The Zoning Commissioner shall forward application to Town Board for approval or denial.

_____	_____
Signature of Applicant or Applicant's Representative	Date

Printed Name	



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VERIFICATION

Being first duly sworn, I state under oath that (1) I am or my business or organization is the owner of the real estate located at _____ in the Town of Augusta, Missouri; (2) I am over 18 years of age and competent to make this verification; (3) I have personal knowledge of the factual statements in the attached application; (4) those factual statements are true; and (5) I authorize and approve of the attached application.

Subscribed and sworn to before me, a notary public, on _____.

Property owner signature

Name of person signing this Verification, if property owner is a business or organization:

Role of person signing this Verification, if property owner is a business or organization:

Notary Public

My commission expires: _____