

Rezone case # _____ Date filed _____ Application fee _____

APPLICATION FOR REZONING OF REAL ESTATE

Submit to: Planning and Zoning
Department

PO Box 348
Sunrise Beach , MO. 65079
Phone: 573-374-8782 Fax: 573-374-6456

Applicant's Name: _____
Address: _____
Phone Number: _____
Address of subject property: _____

The undersigned hereby state they are the legal owner(s) or have a financial or contractual interest in the real estate described herein (legal description must be printed below or attached as an exhibit): _____

Current **zoning** is: _____ Current **land use** is _____
Proposed **zoning** is: _____ Proposed **land use** is: _____

A check for \$ _____, payable to Sunrise Beach P&Z, will be provided when this application is filed.

Signatures of the owner(s) or those parties with financial or contractual interest in the above described real estates. *(All signatures must be notarized.)*

Type or print name _____ Signature _____

Type or print name _____ Signature _____

Type or print name _____ Signature _____

Subscribed and sworn before me this ____ day of _____ in the year 20__

Notary Public

An Equal Opportunity Employer