



# ZONING DISTRICT CHANGE

City of St. Joseph, Missouri | Planning & Zoning  
1100 Frederick Avenue, Room 107  
Planning & Zoning Division | (816) 271-4648 | [planning@stjosephmo.gov](mailto:planning@stjosephmo.gov)

All submittals for variances must comply with Sec. 31-070 of the City’s Code of Ordinances, located online at [stjosephmo.gov](http://stjosephmo.gov) **The following must be included with every application:**

1. Completed Application
2. Application Fee (**\$1,365 per parcel**) due at the time of submission. This fee is **NONREFUNDABLE**.
3. **Materials required on checklist (see Page 2 of 2)**
4. Signatures must be legible and match the printed names of the relevant section

**THE UNDERSIGNED HEREBY APPLIES FOR THE APPROVAL OF A PLANNED UNIT DEVELOPMENT BY THE PLANNING COMMISSION.** With the signing and submittal of this application, the property owner authorizes the City of St. Joseph to enter onto the subject property to collect data and other information in order to accurately prepare reports or other documentation for review by the City Council, City boards and commissions, and City departments.

This application contains 4 sections, A, B, C, and D. **ALL** are required. Mark N/A in sections not used.

### A. PROPERTY OWNER INFO

1. a. **Name:** \_\_\_\_\_  
b. **Business Name:** \_\_\_\_\_
2. **Primary Contact:**     Yes     No    *(only 1 primary contact is allowed. If Yes, we will contact you for payment, notifications, and/or questions. If No, someone MUST fill out Section C)*
3. **Street Address:** \_\_\_\_\_
4. a. **City:** \_\_\_\_\_    b. **State** \_\_\_\_\_    c. **Zip** \_\_\_\_\_
5. a. **Phone** (    ) \_\_\_\_\_    b. **Email\*** \_\_\_\_\_
6. a. **Signature** \_\_\_\_\_    b. **Date** \_\_\_\_\_

### B. PROPOSED ZONING DISTRICT CHANGE LOCATION

1. **Street Address:** \_\_\_\_\_
2. **Requested Use:** \_\_\_\_\_
3. **Brief Description of Request:** \_\_\_\_\_  
\_\_\_\_\_

### C. PRIMARY CONTACT/AGENT

**THIS IS WHO WE WILL CONTACT FOR PAYMENT, NOTIFICATIONS, AND/OR OR QUESTIONS.**  
**A VALID MAILING ADDRESS AND VALID EMAIL ADDRESS ARE BOTH REQUIRED.**

1. a. **Name:** \_\_\_\_\_  
b. **Business Name:** \_\_\_\_\_
2. **Street Address:** \_\_\_\_\_
3. a. **City:** \_\_\_\_\_    b. **State** \_\_\_\_\_    c. **Zip** \_\_\_\_\_
4. a. **Phone** (    ) \_\_\_\_\_    b. **Email\*** \_\_\_\_\_
5. a. **Signature** \_\_\_\_\_    b. **Date** \_\_\_\_\_

\* Please be aware that the City of St. Joseph will send all notices via email unless otherwise specified.

**All applications must include the following to be considered complete:**

- Completed application
- Submitted application fee
- Letter from owner stating the purpose of the request (in more detail than in Section B.3.)
- Legal description and boundaries of the of the tract or lot(s) to be rezoned. This information must be submitted digitally and be text which may be copied and pasted.
- Any additional information the City Planner may deem pertinent to the application.

**D. ATTENDANCE AND FEE NOTICE**

**YOUR ATTENDANCE IS REQUIRED AT THE PLANNING COMMISSION AND CITY COUNCIL MEETINGS FOR THIS APPLICATION. FAILURE TO ATTEND THESE MEETINGS MAY RESULT IN UNNECESSARY DELAYS TO YOUR APPLICATION.**

Planning Commission meeting date, time, and location can be found online at [stjosephmo.gov](http://stjosephmo.gov), or by contacting the **Planning & Zoning Department** at **(816)-271-4827**.

City Council meeting dates, times, and locations can be found online at [stjosephmo.gov](http://stjosephmo.gov), or by contacting the **City Clerk's Office** at **(816)-271-4730**.

By signing, I affirm I have included the required information with this application. I affirm have read the notice above, and understand my attendance is required at public hearings. I understand that by submitting this application, I am including a **NONREFUNDABLE** application fee. If I choose to rescind this application at any time after it is processed by the City, my application fee will not be refunded, pursuant to Sec. 31-075.

Primary Contact Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section to be completed by the City**

|                         |                                    |
|-------------------------|------------------------------------|
| Application ID:   _____ | Date Application Received:   _____ |
| Total Fee:   _____      | Date Fee Received:   _____         |
| Received by:   _____    | Requested Zoning District:   _____ |