

CITY OF MARCELINE, MISSOURI
APPLICATION FOR CONSIDERATION OF PLANNING REQUEST

Please fill out the following information.

Street Location of Property: _____

Owner: Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Type of Request: _____ Special Use Permit _____ Other _____

_____ Variance _____ Admendment _____

_____ Re-zoning _____

Description of Request:

Reason for Request:

Present Zoning Classification: _____

Existing Use of Property: _____

Has a request for re-zoning, variance or special use permit on the subject site or any part thereof been previously sought? _____

When _____

Signature of Applicant: _____ Date _____



Approved _____ Denied _____ by Planning Commission on _____
(Date)

Approved _____ Denied _____ by City Council on _____
(Date)

Signature of City Official _____
Title _____

Planning Request continued: Page 2

Applicant: _____

Please show lot lines, street names, distance from side and rear lot lines, setback from lot line to structure. For garage or accessory buildings, show distance from house to side or rear lot lines and other buildings if applicable. Include landscaping, off street parking, grade evaluation of streets and location of access drive.