

**TOWN OF AUGUSTA ZONING COMMISSION**

I. APPLICATION REQUESTED (please check one): Rezoning \_\_\_\_\_ Conditional Use \_\_\_\_\_  
 Parcel information: (Please contact the Zoning Commissioner if you have questions on this section. 636-226-4439)

ADDRESS OF PROPERTY: \_\_\_\_\_  
 PROPERTY ID NUMBER: \_\_\_\_\_  
 PARCEL SIZE (ACRES OR SQ. FT.): \_\_\_\_\_  
 CURRENT ZONING: \_\_\_\_\_ Conditional Use Requested: \_\_\_\_\_  
 Requested Zoning: \_\_\_\_\_

APPLICANT'S INFORMATION	IV. OWNERS INFORMATION (List all person(s) named on recorded deed to property. submit additional pages if necessary):
NAME:	NAME:
ADDRESS:	ADDRESS:
CITY:	CITY:
ZIP CODE:	ZIP CODE:
HOME PHONE:	HOME PHONE:
WORK PHONE:	WORK PHONE:
E-MAIL:	E-MAIL:

*I/We hereby acknowledge that this application is being made to the Town of Augusta Zoning Commission which must give legal notice of such applications. I/We give permission for my/our name(s) to be used on the application and/or public notice. All information given herein is true and a statement of fact.*

APPLICANT'S SIGNATURE \_\_\_\_\_  
 (Note: Signature must be notarized)  
 APPLICANT'S PRINTED NAME \_\_\_\_\_

**Information Needed** ( Please submit the following information to the zoning commisser to complete the application process. Failure to submit all required items may result in a delay of your application process)

- a. A recent deed to the property showing ownership.
- b. A development plan, either in narrative form or a preliminary site plan; to indicate the proposed development of the property . ( if applicable)
- c. Filing fees. Conditional use permits- \$100.00      Rezoning - \$150.00  
 Make all checks payable to: Town of Augusta