

ZONING TEXT AMENDMENT APPLICATION

Return Form To:

Village of Innsbrook
1835 Highway F
Innsbrook, MO 63390
(636)745-8844

For Office Use Only:

Case #: _____
Date Filed: _____
Required Fees: _____
P&Z Meeting: _____
Trustee Meeting: _____

APPLICANT INFORMATION:

Name of Applicant: _____ **Phone:** _____

Email: _____ **Address:** _____

TEXT AMENDMENT PROPOSED:

Section to Be Amended: Article: _____ Section: _____

Present Text: _____

Proposed Text: _____

Reason for Amendment: _____

Attach additional sheets as needed.

IMPACT OF AMENDMENT:

Does the amendment add language to the Regulations?	Yes ___	No ___
Does the amendment supplement an existing section?	Yes ___	No ___
Does the amendment modify an existing section?	Yes ___	No ___
Does the amendment repeal a section?	Yes ___	No ___

Applicant's Signature

Date

Application fee made payable to the Village of Innsbrook" (See Fee Schedule)