

REZONING 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: _____

Name of Applicant: _____ Phone: _____

Email: _____ Address: _____

Owner of Subject Property: _____

Address of Subject Property: _____

Zoning of Subject Property: _____ Zoning District Requested: _____

SURROUNDING LAND USE AND ZONING:

	<u>Land Use</u>	<u>Zoning</u>
North	_____	_____
South	_____	_____
East	_____	_____
West	_____	_____

The following items shall be submitted with this application:

1. Three (3) copies of the official plat
2. Three (3) copies of site plan
3. Application fee made payable to the "Village of Innsbrook" (See Schedule of Fees)

 Signature of Applicant

 Date

 Signature of Property Owner

 Date

Rezoning Checklist

<i>Does the proposed site plan meet the following criteria? If not, attach a separate sheet explaining why (To be completed by the applicant).</i>	Yes	No
1. Will the uses be compatible with the surrounding area?		
2. Do adequate public school facilities and other public services exist or can be created to serve the needs of any additional dwelling units likely to be constructed as a result of such change?		
3. Does the proposal conform to the goals, objectives and policies of the Comprehensive Plan?		
4. Is the proposed change is in accord with any existing or proposed plans for providing public water supply and sanitary sewers in the vicinity?		
5. Will property values of this and surrounding properties be maintained or improved by this change?		
6. Has this change considered the impact on the health, safety, morals, or general welfare of the public?		