



Case Number: _____
Date Received: _____
Received By: _____
Fees Paid: _____ Receipt # _____

Greene County Planning & Zoning Office  
940 Boonville, Room 305  
Springfield, MO 65802  
417-868-4005 Phone      417-868-4175 Fax

**APPLICATION**

**PROPERTY OWNER/REPRESENTATIVE INFORMATION**

Owner's Name (Please Print): \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_

Representative's Name: \_\_\_\_\_

Representative's Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_

Representative's Signature: \_\_\_\_\_

**TYPE OF REQUEST**

- Rezoning
- Conditional Use Permit
- Variance
- Appeal
- Amendment to PAD#
- Amendment to CUP#

**PROPERTY INFORMATION**

Address/Location of Property: \_\_\_\_\_

Acreage Being Considered for Request: \_\_\_\_\_ Existing Zoning: \_\_\_\_\_

Existing Land Use: \_\_\_\_\_

On-site Wastewater System \_\_\_\_\_ Public Sewer Provider: \_\_\_\_\_

**Existing or Proposed Water Supply:**

On-site well \_\_\_\_\_ Shared well: \_\_\_\_\_ How many people serviced by Shared Well: \_\_\_\_\_  
Public Provider: \_\_\_\_\_

Authorized Signature of Owner(s): \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_





What you need to apply for Greene County  
Planning Board, Board of Zoning Adjustments and Administrative Variance

1. Completed, signed, and notarized application form.
2. A warranty deed must be submitted to verify current ownership of property.
3. A complete type written legal description of the property to be considered in the request must be submitted. **This legal description can be obtained from a recorded warranty deed, quit claim deed or a survey.** (*Assessor abbreviated description on Assessment Statement is not acceptable*).
4. A letter explaining the reason for the request. The letter should include a description of the proposal along with information concerning water and wastewater services as well as information about impacts to traffic, the environment, the impact on the neighborhood and abutting neighbors, and any proposed mitigation measures.
5. The required application fees: **(Below fee does include Advertising costs)**

Rezoning	\$1000
Conditional Use Permit	\$1000
Amendment to a PAD (Plot Assignment District)	\$1000
Amendment to a Conditional Use Permit	\$1000
Variance	\$500
Appeal	\$500

6. A site sketch plan including all existing and proposed improvements, including the on-site wastewater system, well, drive(s), building(s), floodplain, and sinkhole location(s). **The site plan may be hand drawn but must be complete.**
7. A Plot Assignment District report is required for all PAD applications. This report must be provided by an engineer licensed in the State of Missouri.
8. A list of all property owners within 500 feet of the property. This list will be provided to you by Planning. Printed labels of all property owners within 500 feet must also be submitted along with business sized envelopes and postage. Postage should not be affixed to envelopes. **(Postage may be paid with required application fees).**
9. An aerial map of the property must be submitted. This map may be provided to you by Planning and Zoning.
10. When applicable, a copy of your valid business license or lease/rental agreement must be provided.
11. **Optional Services is available at \$5.00 per name. If using optional services, Planning will provided the list of names, envelopes, labels, and postage.**

## REQUEST FOR OPTIONAL SERVICES

**TO:** Greene County Planning & Zoning Department

**FROM:** \_\_\_\_\_  
(Please Print Applicant's Name)

**CASE NO:** \_\_\_\_\_ **BOA Case** **P & Z Case**

**DATE OF HEARING:** \_\_\_\_\_

Above named individual requests Planning & Zoning Department to provide optional services as outlined in Item 3 (D) of application for this case. Cost for this optional service is \$5.00 per name and must be paid within one week after application filed. If not paid, application will be considered invalid and application fee will be returned.

**XX** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
(Signature Of Applicant)

List of Property Owners	Requested By	Date Needed By
Case No.:		
<b>GIS INFORMATION:</b>	Date Received:	<b><i>MUST PROVIDE LEGAL TO GIS DEPARTMENT</i></b>
Date Provided:	Technician:	

**DEPARTMENTAL USE ONLY:**

**Number Of Names:** \_\_\_\_\_ **x \$5.00 per name = \$** \_\_\_\_\_

Date Applicant Notified Of Amount Due: \_\_\_\_\_ **By Whom:** \_\_\_\_\_

Date Payment Received: \_\_\_\_\_ **Receipt No.** \_\_\_\_\_