

**What You Need to Apply for Greene County
Planning Board & Board of Zoning Adjustment Cases**

1. Completed, signed, and notarized application form. ALL **SIGNATURES MUST BE NOTARIZED.**
2. A recorded warranty deed to verify current ownership of the property.
3. A complete, typewritten legal description of the property to be considered in the request. **This can be obtained from a recorded warranty deed, quit claim deed, or survey.** (*Assessor abbreviated descriptions from Assessment Statements are not acceptable*).
4. A letter explaining the reason for the request. This letter should include a description of the proposal, along with information concerning water and wastewater services, impacts to traffic, the environment, the neighborhood, and abutting neighbors. Please state any proposed mitigation measures.
5. Required application fees (*includes advertising costs*):

Rezoning	\$1000
Conditional Use Permit	\$1000
Amendment to a 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(s), drive(s), building(s), floodplain, and sinkhole location(s). **The site plan may be hand drawn but must be complete.**
7. A list of all property owners and addresses within 500 feet of the property. This list may be obtained from the Greene County Assessor's Office in Room 37 of the Historic Courthouse at 940 N. Boonville, Springfield. (Telephone: 417-868-4101)
8. Printed mailing labels, along with business-sized envelopes and postage, for all property owners within 500 feet. **Postage should not be affixed to envelopes.** Postage may be paid with required application fees, or **Optional Services** is available at \$5.00 per name.

If using **Optional Services**, Planning & Zoning will provide the list of names, mailing labels, envelopes, and postage.

9. An aerial map of the property. This map may be provided to you by Planning & Zoning.

When Applicable:

- A Plot Assignment District report, provided by an engineer licensed in the State of Missouri.
- A copy of your valid business license or lease/rental agreement.

NOTE: All fees are non-refundable.



GREENE COUNTY PLANNING & ZONING
 940 N BOONVILLE, ROOM 305
 SPRINGFIELD, MO 65802
 417-868-4005 PHONE 417-868-4175 FAX

Date Received: _____
 Fees Paid: _____
 Receipt # _____

APPLICATION

PROPERTY OWNER 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:

- | | |
|---|---|
| <input type="checkbox"/> Rezoning | <input type="checkbox"/> Appeal |
| <input type="checkbox"/> Conditional Use Permit | <input type="checkbox"/> Amendment to PAD # _____ |
| <input type="checkbox"/> Variance | <input type="checkbox"/> Amendment to CUP # _____ |

PROPERTY INFORMATION

Address/Location of Property: _____

Acreage Being Considered for Request: _____ Existing Land Use: _____

Request: _____

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 Applicant(s): _____ Date: _____

_____ Date: _____

ACKNOWLEDGMENT OF AUTHORIZED SIGNATURES

STATE OF _____)
) SS.

COUNTY OF _____)

On this _____ Day of _____, in the year _____, before me, the undersigned notary public, personally appeared _____, known to me to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged that he/she/they executed the same for the purposes therein contained.

In witness whereof, I hereunto set my hand and official seal.

 Notary Public

OWNER AND REPRESENTATIVE MUST READ AND INITIAL THE FOLLOWING:

- _____ Application for a zoning change CUP, Variance, Appeal, etc. does not guarantee approval of the request. No Refunds will be granted. Non-payment of any required fee or charge will result in an incomplete application and the request will not be heard by the Greene County Planning Board, Greene County Commission, and/or the Greene County Board of Adjustment.
- _____ As required by the State Zoning Laws, the County will place a legal ad in a local publication. A notice of public hearing will also be posted on the property by the County.
- _____ The property owner does authorize Greene County staff to conduct on-site investigations relating to the request. The site may be evaluated by the Greene County Resource Management Department, Greene County Highway Department, and the Health Department. Any other agency will require the consent of the property owner(s) to perform on-site inspection(s) or evaluation(s) regarding this request.
- _____ All public hearings should be attended by the property owner or their representative. Failure to appear could result in the case not being heard as scheduled. Anyone in attendance will be given an opportunity to enter testimony into the record. A decision may be issued without the attendance of the applicant or representative.
- _____ Greene County is not responsible for inaccurate information provided by the owner/representative. Submission of an inaccurate legal description could result in the need to re-advertise the request at the applicant's expense or making any approvals void.
- _____ All applications, submissions, and testimony at a public hearing are public record.

1ST HEARING INFORMATION

Hearing Date: _____ Time: _____
Case Number: _____
Planner Assigned to Case: _____

2ND HEARING INFORMATION

Hearing Date: _____ Time: _____
Case Number: _____
Planner Assigned to Case: _____

Both hearings will be held at 940 N Boonville, Room 212, Springfield, MO 65802

REQUEST FOR OPTIONAL SERVICES

TO: Greene County Planning & Zoning Division

FROM: _____
(Please Print Applicant's Name)

CASE NO. _____ **BOA Case** _____ **PB Case** _____

DATE OF HEARING: _____

Above names individual requests the Planning & Zoning Division to provide Optional Services. Cost for this Optional Service is \$5.00 per name, and must be paid within one week after the application is filed. If not paid, the application will be considered invalid.

SIGNATURE: _____ **DATE:** _____

List of Property Owners	Requested By	Date Needed By
Case No:		
GIS INFORMATION:	Date Received:	MUST PROVIDE LEGAL TO GIS DEPARTMENT
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. _____