

APPLICATION FOR CONSIDERATION OF PLANNING REQUEST

Please fill out the following information and submit with \$25.00 application fee to: Marceline City Hall, 116 N. Main Street USA, Marceline, MO 64658.

Street Location of Property:								
Owner:	Name:			Phone:				
	Address:							
	City:			State:		Zip:		
Type of Request:		Special Use	Permit		Conditional Use Permit			
		Zoning Varia	nce		Zoning Amen	dment		
Description of Request:								
Reason for Request:								
<u> </u>								
Present Zoning Classification:								
Existing Use of	of Property:							
		variance or sp ght? Yes				t site for any part		
I certify that I am authorized by the owner to make the foregoing application, and that, before I accept my permit for which this application is made, the owner shall be made aware of all conditions of the permit. I understand that if I knowingly make any false statement herein will render this application and any permit obtained invalid.								
Signature of A	Applicant:			_ Date: _				

For Office Use Only								
Approved	Denied	by the Marceline Planning Commission on _	(Date)					
Approved	Denied	by the Marceline City Council on						
Are there any conditions to the approval? Yes No Conditions (if applicable):								
		Signature of City Official:						