



APPLICATION

JOHNSON COUNTY, MO

TYPE OF APPLICATION

- REZONING
- SPECIAL USE PERMIT

APPLICATION PROCESS

- PRELIMINARY DEVELOPMENT PLAN
- FINAL DEVELOPMENT PLAN
- PRELIMINARY PLAT
- FINAL PLAT
- MINOR PLAT
- VACATION OF EASEMENT OR RIGHT-OF-WAY

Current Zoning District	AR-1 <input type="checkbox"/> AR-2 <input type="checkbox"/> R-1 <input type="checkbox"/> R-2 <input type="checkbox"/> R-3 <input type="checkbox"/> B-1 <input type="checkbox"/> B-2 <input type="checkbox"/> B-3 <input type="checkbox"/> I-1 <input type="checkbox"/> CZ <input type="checkbox"/> APZ-1 <input type="checkbox"/> APZ-2 <input type="checkbox"/>
Proposed Zoning District	AR-1 <input type="checkbox"/> AR-2 <input type="checkbox"/> R-1 <input type="checkbox"/> R-2 <input type="checkbox"/> R-3 <input type="checkbox"/> B-1 <input type="checkbox"/> B-2 <input type="checkbox"/> B-3 <input type="checkbox"/> I-1 <input type="checkbox"/> CZ <input type="checkbox"/> APZ-1 <input type="checkbox"/> APZ-2 <input type="checkbox"/>
Variance Required	Yes <input type="checkbox"/> No <input type="checkbox"/>
Permit Required	Yes <input type="checkbox"/> No <input type="checkbox"/>

1. PROJECT NAME: _____
2. PROPERTY LOCATION/ADDRESS: _____
3. LEGAL DESCRIPTION (ATTACH IF DESCRIPTION IS METES AND BOUNDS):

4. APPLICANT (DEVELOPER) _____ PHONE _____
CONTACT PERSON _____ FAX _____
ADDRESS _____ CITY/STATE/ZIP _____
EMAIL _____

5. PROPERTY OWNER _____ PHONE _____
CONTACT PERSON _____ FAX _____
ADDRESS _____ CITY/STATE/ZIP _____
EMAIL _____

6. ENGINEER/ SURVEYOR _____ PHONE _____
CONTACT PERSON _____ FAX _____
ADDRESS _____ CITY/STATE/ZIP _____
EMAIL _____

7. OTHER CONTACTS _____ PHONE _____
CONTACT PERSON _____ FAX _____
ADDRESS _____ CITY/STATE/ZIP _____
EMAIL _____

8. THE ACCOMPANYING MAPS AND DATA **MUST** BE SUBMITTED WITH THIS APPLICATION:

- ONE SET OF PRELIMINARY/FINAL PLANS
- MAPS WITH THE FOLLOWING STANDARDS SHOWING
 - NORTH ARROW
 - PERMANENT LANDMARKS SUCH AS PAVED ROADS OR HIGHWAYS
 - SCALE
 - PAPER (NO LARGER THAN 11"X17") /DIGITAL (.PDF FORMAT)

APPLICATION DETAILS

APPLICATION SCOPE

All applications submitted to the Zone Administrator: Norman Lucas, Pioneer Trails Regional Planning Commission, 802 S. Gordon, Concordia, MO 64020 E-mail: Norm@trailsrc.org or Pioneer Trails website: www.trailsrc.org

DESCRIPTION (attachments welcome)

Proposed plan for addressing waste water/ storm water/ drainage:

APPLICATION VARIANCE

Application variance shall be made by the owner of the affected property. A variance is a grant of relief by the County Commission from the terms of the MAZC Planning and Zoning 2009 Ordinance This permits development in such a manner that would otherwise be prohibited. This variance may increase insurance premiums and result in increased risk to persons and property.

Unique
Condition

Unnecessary
Hardship

APPLICATION VARIANCE JUSTIFICATION

Please provide a justification for the variance (attachments welcome)

Add'l Space for justification for the variance (attachments welcome)

APPLICANT SIGNATURE

By signing below, you agree that the information provided in this application is accurate to the best of your knowledge and if awarded equipment or a service project from the Region A RHSOC you will agree to conform to all the requirements set forth in the FY'18 Region A Regional Homeland Security Grant Guidance.

Application Point of Contact

Typed or Printed Name: _____

Signature: _____

Date: _____

Submitting Official

Typed or Printed Name: _____

Signature: _____

Date: _____

Please send completed applications to:

**Pioneer Trails RPC
Attn: Norman Lucas
802 S. Gordon St.
P.O. Box 123
Concordia, MO 64020**

Or

**Knob Noster City Hall
Attn: Norman Lucas
218 N. State Street
Knob Noster, MO 65336**

Questions may be directed to:

Norman Lucas 660-463-7934

Norm@trailsrpc.org