



ZONING ORDINANCE CHANGE PETITION

CITY OF BALLWIN	}	FEE:	with site plan review	\$ 1,250.00
	}		without site plan review	\$ 500.00
COUNTY OF ST. LOUIS	}	PAID:	_____	
STATE OF MISSOURI	}	NUMBER:	_____	

TO THE BOARD OF ALDERMEN CITY OF BALLWIN

Type of Zoning Ordinance Change: _____

Now comes (*print name of Petitioner*) _____
and states to the Board of Aldermen:

I. That he, she, it, they, has (have) the following legal interest in the tract of land and/or premises located within the corporate limits of Ballwin, Missouri, described in Section II of this petition.

A. State Legal Interest: _____

B. Documentation of Legal Interest must accompany this petition.

II. That the legal description of the property/premises, for which a change in the Zoning Ordinance is requested, is enclosed.

III. That a plat or drawing of the property/premises for which a change in the Zoning Ordinance is requested is enclosed, and said drawing is to a scale of 100 feet or less to the inch.

IV. That the street address of said property/premises is: _____

V. That the area (acres or square feet) of said proposed zoning change is: _____

VI. That the existing zoning classification of said property is: _____

VII. That the existing use of said property/premises is: _____

VIII. That the proposed zoning classification is: _____

IX. That the proposed use of the property/premises is: _____

X. That the deed restrictions, if any, on the petitioned property/premises are not violated by the provisions of the requested change to the Zoning Ordinance.

I, the Petitioner, do hereby request an Ordinance of the Board of Aldermen approving and granting the herein described Zoning Ordinance change.

PETITIONER: _____

AUTHORIZED SIGNATURE: _____

AUTHORIZED SIGNATURE (*PRINTED*): _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE NO. _____

I, (*print name of Petitioner*) _____, do hereby designate _____ as my agent for purposes of presenting this petition, negotiating with the City of Ballwin on all issues relative to this petition, and corresponding and communicating with representatives of the City of Ballwin relative to this petition.

AGENT'S SIGNATURE: _____

AGENT'S NAME (*PRINTED*): _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE NO. _____

Subscribed and sworn before me this _____ day of _____, _____.

My Commission Expires
