



# City of Ellisville

One Weis Avenue  
Ellisville, MO 63011

(636) 227-9660 FAX: (636) 227-9486

## APPLICATION FOR REZONING/TEXT AMENDMENT

*(please type or print)*

**ALL APPLICABLE SECTIONS OF APPLICATION MUST BE COMPLETE.  
APPLICATION MUST BE CONSISTENT WITH SUBMITTED MATERIALS. PLANS MUST BE  
FOLDED TO APPROXIMATELY 8 ½ x 11 or 8 ½ x 14 IN SIZE. A \$200.00 APPLICATION FEE AND  
\$50.00 PUBLIC HEARING DEPOSIT MUST ACCOMPANY THIS APPLICATION**

---

Property Address: \_\_\_\_\_

Applicant: \_\_\_\_\_

### **PART A: REZONING (LOT AND ZONING INFORMATION)**

Existing No. of lots: \_\_\_\_\_ Lot size(s): \_\_\_\_\_ Proposed No. of lots: \_\_\_\_\_ Lot size(s): \_\_\_\_\_

Existing zoning \_\_\_\_\_ Proposed Zoning: \_\_\_\_\_

### **PART B: TEXT AMENDMENT**

Existing Text:

---

---

---

Proposed Text:

---

---

---

### **PART C: COMPREHENSIVE PLAN**

Explain how the proposed rezoning/text amendment is consistent with the Comprehensive Plan.

---

---

---

**PART D: ENVIRONMENTAL STATEMENT**

Will the proposed request will not adversely impact the environment?: \_\_\_\_\_

Has a Phase I Assessment or Phase II Environmental Report/Study been prepared in association with this request?  
\_\_\_\_\_(Yes or No) If yes, please submit a copy of the report/study with this application.

By filing this application you acknowledge and are aware that the City may require a partial or comprehensive environmental assessment, impact analysis, or report, in conformity with Chapter 415, Environmental Report of the Land Use Regulations, at any time during the application or approval process.

**PART E: CHECKLIST**

\_\_\_\_\_ Five full size copies of plans must be submitted initially for staff review. Additional plan sets will be required later to forward to the Planning and Zoning Commission and/or City Council.

\_\_\_\_\_ The public hearing deposit is used to cover the cost of publishing in the local paper as required by law. Depending on what the actual cost of the publication, an applicant may be owed a small refund or may be billed for additional monies.

\_\_\_\_\_ A detailed description and specific reason(s) the applicant is seeking the desired amendment, supplement, change, modification or repeal of any provision of this chapter.

\_\_\_\_\_ Also explain the section of the City’s Code or chapter that would be impacted by the proposed change and the extent of this impact. If more than one section would be affected, each individual impact is to be detailed separately.

\_\_\_\_\_ Location map, including north arrow and map scale.

\_\_\_\_\_ Existing and proposed zoning district, subdivision name, lot number, dimensions and area of the proposed for rezoning, and zoning of adjacent parcels where different than said subject property.

\_\_\_\_\_ A certified metes and bounds description of the property which would be affected by the proposed zoning district change.

\_\_\_\_\_ Proposed use of the subject property, if any.

\_\_\_\_\_ Location and identification of all right-of-way and easements (existing and proposed).