



**City of Grandview  
Development Services**

Application Number \_\_\_\_\_

APPLICANT: \_\_\_\_\_ (name)  
 \_\_\_\_\_ (address)  
 \_\_\_\_\_ (city, state, zip)  
 \_\_\_\_\_ (phone) \_\_\_\_\_ (cell phone) \_\_\_\_\_ (fax)  
 \_\_\_\_\_ (email address)

PROPERTY OWNER\*\*: \_\_\_\_\_ (name)  
 \_\_\_\_\_ (address)  
 \_\_\_\_\_ (city, state, zip)  
 \_\_\_\_\_ (phone) \_\_\_\_\_ (cell phone) \_\_\_\_\_ (fax)  
 \_\_\_\_\_ (email address)

\*\* If different from applicant, will require a statement of authorization from property owner(s).

LEGAL DESCRIPTION OF PROPERTY: \_\_\_\_\_ (attach separate sheet if long)

EXISTING ZONING: \_\_\_\_\_ CURRENT LAND USE: \_\_\_\_\_  
 AREA OF PROPERTY IN SQUARE FEET OR ACRES: \_\_\_\_\_

**AMENDMENT TO ZONING** Proposed Zoning Category: \_\_\_\_\_  
**ZONING DISTRICT MAP OR** Existing Land Use Category: \_\_\_\_\_  
**COMPREHENSIVE PLAN** Proposed Land Use Category: \_\_\_\_\_

**CONDITIONAL USE OR** Proposed Land Use: \_\_\_\_\_  
**TEMPORARY USE\*\*** \*\* submit 13 copies of proposed site plan.

**SUBDIVISION** Subdivision Name\*\*\*: \_\_\_\_\_  
 • Preliminary Plat\* Subdivision Location: \_\_\_\_\_ (sec-twp-rng)  
 • Final Plat\* Engineer/Surveyor: \_\_\_\_\_ (firm)  
 • Combination Plat\* \_\_\_\_\_ (address)  
 • Minor Subdivision\*\* \_\_\_\_\_ (city, state, zip)  
 • Lot Line Adjustment\*\* \_\_\_\_\_ (phone) \_\_\_\_\_ (cell) \_\_\_\_\_ (fax)  
 • Lot Consolidation\*\* \_\_\_\_\_ (email address)  
 \* submit 13 copies of preliminary, final, or combination plat.  
 \*\* submit 6 copies of minor subdivision, lot line adjustment, or lot consolidation.  
 \*\*\* contact Jackson Co. Mapping Dept. to ensure name does not already exist.

**VARIANCE OR APPEAL** Requested Variance or Appeal: \_\_\_\_\_  
**TO THE ZONING BOARD** \_\_\_\_\_  
**OF ADJUSTMENT\*\*** From Section \_\_\_\_\_ of the Zoning Ordinance.  
 \*\* Submit 13 copies of variance or appeal documentation and/or site plans.

**AMENDMENT TO ZONING** Amendment to Section \_\_\_\_\_ of the Zoning Ordinance.  
**ORDINANCE TEXT\*\*** \*\*submit typed copy of proposed language for text amendment.

**PLANNED DISTRICT** Development Name: \_\_\_\_\_  
**CONCEPTUAL** Development Location: \_\_\_\_\_ (firm)  
**DEVELOPMENT PLAN\*** Engineer/Surveyor: \_\_\_\_\_ (address)  
 \_\_\_\_\_ (city, state, zip)  
 \_\_\_\_\_ (phone) \_\_\_\_\_ (cell) \_\_\_\_\_ (fax)  
 \_\_\_\_\_ (email address)  
 \* submit 13 copies of conceptual development plan.

**VACATION OF PUBLIC** Public Street, Alley, or Easement to be Vacated: \_\_\_\_\_  
**STREET, ALLEY, OR** Reason: \_\_\_\_\_  
**EASEMENT / STREET** Street Name Change, From: \_\_\_\_\_ To: \_\_\_\_\_  
**NAME CHANGE** Reason: \_\_\_\_\_

<b>FILING FEES</b>	_____ Amendment to Zoning District Map / Text	\$450
(Must Accompany Application)	_____ Amendment to Comprehensive Plan	\$450
	_____ Conditional Use / Temporary Use Permit	\$450
	_____ Preliminary Plat	\$40/acre, min. \$450
	_____ Final Plat	\$10/acre, min. \$200
	_____ Minor Subdivision, Lot Line Adj., Lot Consolidation	\$200 (incl. recording)
	_____ Variance / Appeal of Administrative Decision	\$450
	_____ Planned District Conceptual Development Plan	\$450
	_____ Vacation of Public Street / Alley / Easement	\$450
Amount of Fee Paid: _____	_____ Street Name Change	\$450
Receipt Number: _____	_____ Tax Increment Financing	Per City Code Sec. 2-49.1
	_____ Chapter 353 Tax Abatement	Per City Code Sec. 22A-12
	_____ Oil Well Permit	\$25

**OFFICE USE ONLY** Received By: \_\_\_\_\_ Date: \_\_\_\_\_  
 Scheduling of Case: Planning Commission Date: \_\_\_\_\_  
 Board of Adjustment Date: \_\_\_\_\_  
 Board of Aldermen Date: \_\_\_\_\_

**SIGN;** \_\_\_\_\_ **DATE:** \_\_\_\_\_