



*City of Pleasant Hope*  
*304 E Miller Street*  
*417-267-2112*

=====

**Application to request Zoning Change and Conditional Use Permits**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_ (\_\_\_\_) \_\_\_\_\_

Name of the person, firm or organization holding title to such real estate if different than the applicant.

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_ (\_\_\_\_) \_\_\_\_\_

The owner's signed consent to the filing of the application and authorization for the applicant to act on the owner's behalf.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Legal description of the property proposed for rezoning or conditional use.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The street address of such real estate and if there is no street address, a sufficient description of the location of said real estate to enable the ordinary person to determine its location.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The current zoning classification of the property \_\_\_\_\_

the current use of the property \_\_\_\_\_

the zoning classification requested \_\_\_\_\_

Such additional information that the Commission may, by rule, require

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

3/17/2022