



Stone County Planning and Zoning Office

P.O. BOX 301

Galena, MO 65656

Phone: (417) 357-8402 Fax: (417) 357-9227

Case Number: _____
Date Received: _____
Received By: _____
Fees Paid: _____ Receipt# _____

APPLICATION

NOTICE: All applications for the monthly P&Z and BOA meetings must be turned in by **2:00 PM on the cut-off day**. **NO EXCEPTIONS**. All late applications will be added to agenda for the following month.

PROPERTY OWNER/REPRESENTATIVE INFORMATION

Owner's Name (Please Print): _____

Owner's Address: _____

Phone Number: _____ Fax Number: _____ Email: _____

Representative's Name: _____

Phone Number: _____ Fax Number: _____ Email: _____

Representative's Signature: _____

TYPE OF REQUEST

- Rezoning FROM: _____ TO: _____
- Conditional Use Permit for Boat Dock Parking: # OF PARKING SPACES _____ # OF BOAT STALLS _____
- Conditional Use Permit (OTHERS)
- Variance: FRONT: _____ REAR: _____ SIDE: _____ SIDE: _____
- Appeal
- Amendment to PAD# _____
- Amendment to CUP# _____

PROPERTY INFORMATION

Address/Location of Property: _____

Stone County Parcel Number: _____

Acreage Being Considered for Request: _____ Existing Zoning: _____

Existing Land Use: _____

On-site Wastewater System: _____ Public Sewer Provider: _____

Existing or Proposed Water Supply:

On-site well _____ Shared Well: _____ How many people serviced by Shared Well: _____

Public Provider: _____

INITIAL _____

DETAILED SITE PLAN:

INITIAL _____

Authorized Signature of Owner(s) _____ Date: _____

_____ Date: _____

STATE OF _____)
)ss.
COUNTY OF _____)

On this _____, in the year _____, before me, the undersigned notary public, personally
Appeared _____, known to me to be the person(s) whose name(s) is/are subscribed to the within
instrument and acknowledged that he/she/they execute the same for the purposes therein contained. In witness whereof, I
hereunto set my hand and official seal.

Notary Public

OWNER AND REPRESENTATIVE MUST READ AND INITIAL THE FOLLOWING:

___ ___ Application for a zoning change CUP, Variance, Appeal, etc. does not guarantee approval of the request. No refunds will be granted. Non-payment of any required fee or charge will result in an incomplete application and the request will not be heard by the Stone County Planning Board, Stone County Commission, and/or the Stone County Board of Adjustment. Failure to pay the required fee or charge for a period of ninety days will constitute a withdrawal of the request.

___ ___ As required by State Zoning Laws, the county will place a legal add in a local publication.

___ ___ The property owner does not authorize Stone County staff to conduct on-site investigations relating to the request. The site may be evaluated by the Stone County Planning and Zoning (board members/staff), Stone County Commission, Stone County Road and Bridge Department and the Stone County Health Department. Any other agency will require the consent of the property owner(s) to perform on-site inspection(s) or evaluation(s) regarding this request.

___ ___ All public hearings should be attended by the property owner or their representative. Failure to appear could result in the case not being heard as scheduled. Anyone in attendance will be given an opportunity to enter their testimony into the record. A decision may be issued without the attendance of the applicant or representative.

___ ___ Stone County is not responsible for inaccurate information provided by the owner/representative. Submission of an inaccurate legal description could result in the need to re-advertise the request at the applicant's expense or making the decision void.

___ ___ All applications, submissions, and testimony at a public hearing are public record.

___ ___ Applicant is responsible for all postage costs associated with 1,000 foot notices referencing this application. All property owners within 1,000 feet of a request for Conditional Use Permits, Rezoning Requests, Boat Dock Parking, and Amendments are required to be notified.

Unless otherwise posted, all public hearings are held at the Stone County Annex in Galena, MO 65656.

INITIAL _____