City of Odessa

Application for Rezoning

228 S Second St • PO Box 128 • Odessa, MO 64076
Phone: 816-230-5577 • cityofodessamo.com

For Office Use Only: Case No: _____ Filing Date: _____

P&Z Date: _____ BOA Date: _____ Staff Initial: _____

Payment Validation Stamp

Fee: $150.00 + publication costs

Applicant/Owner Information

Applicant Name: _____ Company: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Email: _____

Property Owner Name (if different than applicant): _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Email: _____

Firm Preparing the Plat (if different than applicant): _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Email: _____

*All correspondence on this application should be sent to (check one): ☐ Applicant ☐ Property Owner ☐ Firm

Rezoning Request

The applicant is hereby requesting a zoning change from Other _____ **classification to** Other _____ **classification.**

Project Details

General Location or Address of Property: _____

_____

Property Area in Acres and/or Square Feet: _____

Present Use of the Property: _____

_____

Proposed Use of the Property: _____

_____