



city
of

CREVE COEUR

File # _____

300 North New Ballas Road • Creve Coeur, Missouri 63141
(314) 872-2500/872-2501 • Fax (314) 872-2505 • Relay MO 1-800-735-2966
www.creve-coeur.org

TEXT AMENDMENT APPLICATION

PLEASE COMPLETE FRONT AND BACK PAGES

<i>Applicant:</i>	<i>Applicant's Representative (if applicable):</i>
_____ <i>Name</i>	_____ <i>Name</i>
_____ <i>Company (If Applicable)</i>	_____ <i>Company (If Applicable)</i>
_____ <i>Address</i>	_____ <i>Address</i>
_____ <i>Address</i>	_____ <i>Address</i>
_____ <i>Telephone #</i>	_____ <i>Telephone #</i>
_____ <i>Fax #</i>	_____ <i>Fax #</i>
_____ <i>Email:</i>	_____ <i>Email:</i>

Applicant's Status (Indicate one):

_____ City Official (Mayor, City Councilor, Planning Commissioner, Zoning Administrator)

_____ Private Party (Financial, contractual, or proprietary interest)

_____ Other Governmental Interest (Jurisdiction: _____)

The undersigned hereby requests to be placed on the Agenda for the Planning and Zoning Commission meeting at 6:30 P.M. on Monday, _____, 20____.

Applicant's Signature

Applicant's Representative's Signature

Date

Date

Description of Request (attach additional sheets as needed): _____

Affected Section(s) of the Zoning or Subdivision Code: _____

Proposed Ordinance Language (attach additional sheets as needed): _____

Office Use Only	
_____ Proposed Ordinance Language	Received By: _____
_____ Fees Paid	_____
_____ Written Justification	Date: _____