



Planning & Zoning  
City of Centralia  
114 S. Rollins St.  
Centralia, MO 65240  
Ph. 573-682-2139 Fax 573-682-5956  
[www.centraliamo.org](http://www.centraliamo.org)

## REZONING APPLICATION

Street Address of the property: (note n/a if site is vacant)

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General location of the property: (use street intersections if possible)

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Size of Tract: \_\_\_\_\_ feet x \_\_\_\_\_ feet

Deed to property recorded in book: \_\_\_\_\_ page: \_\_\_\_\_

Present zoning classification: \_\_\_\_\_

Present use(s) of property: \_\_\_\_\_

Requested zoning classification: \_\_\_\_\_

Reason for requesting zoning change: \_\_\_\_\_

The following information must be attached on a separate paper and submitted with this application:

- Name, address, city, state, zip, phone number, and email address for the OWNER, CONTRACT PURCHASER (if applicable), and AGENT
- Drawing of proposed use of the property
- Legal description of property
- **IMPORTANT NOTE:** After this application and additional documents are submitted, a hearing will be set before the Planning & Zoning Commission within 45 days.

\_\_\_\_\_  
Owner/Agent Signature

\_\_\_\_\_  
Date

Submit completed form to:

City Administrator  
City of Centralia  
114 S. Rollins  
Centralia, MO 65240

**For Internal Use Only:**

Date reviewed by City Administrator: \_\_\_\_\_

Date approved by Planning & Zoning Commission: \_\_\_\_\_

Date approved by Board of Aldermen: \_\_\_\_\_