

CITY OF NEW HAVEN

WWW.NEWHAVENMO.ORG
101 FRONT STREET
PO BOX 236
NEW HAVEN, MO 63068



PHONE 573-500-2530

INFO@NEWHAVENMO.ORG

FAX 573-237-4696

Application for Zoning Change

Applicant Information:

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Legal Property Owner Information:

Name of Legal owner: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Property Information for Zoning Request:

Property Address: _____

Property Tax ID # _____

Total Acreage: _____ Present Zoning Classification: _____ Request Zoning Classification: _____

Present Use: _____ Proposed Use: _____

Please Sign and Date:

Applicant(s) Signature: _____ Date: _____

Signature of Legal Owner(s) Signature: _____ Date: _____

** Please submit the following items:

1. Filing Fee \$150
2. A legal description of the affected real estate
3. One paper of a sealed plat or survey of the property clearly showing the boundaries of the property.
4. One digital copy of plat or survey of the property clearly showing the boundaries of the property submitted to info@newhavenmo.org with Property Address in the subject line.

Office Use Only

Paid \$ _____

Date _____

Receipt No. _____