



City of Troy Building Department

800 Cap Au Gris
Troy, Missouri 63379
www.cityoftroymissouri.com
636-528-1254
636-462-1613 fax

Planning and Zoning Commission Application Procedure

The Planning and Zoning Commission meets on the first Thursday of the month at 6:30 p.m. at the City of Troy City Hall, 800 Cap Au Gris.

City staff will perform a comprehensive review of the applicant's submission and provide a listing of any items that will need to be corrected, modified, or amended in order to meet City of Troy Standards. The following information must be submitted to the Building Department by the required submittal deadline to be placed on the next month's agenda.

Application Form

All forms (original only) must be completed in full, including signature of property owners. An incomplete application will NOT be accepted. All designated spaces on the form must be appropriately filled in prior to the filing of the application.

Drawing Checklist

A completed, signed and dated checklist by the appropriate qualified professional must be submitted with each new application.

Application Fee

The appropriate application fee must be submitted with each submittal for each type of request:

Zoning Amendment	\$200.00
Conditional Use Permit	\$150.00
Site Plan Review	\$0.00
Preliminary Plan & Final (Record) Plat	
Residential:	Min. \$80.00 or
Single Family:	\$4.00 per lot
Single Family attached (duplexes):	\$3.00 per unit
Multi-family Units:	\$2.50 per unit
Commercial:	Min. \$200.00 or \$5.00 per acre
Planned Development (PD)	
Residential:	Min. \$100.00 or
Single Family:	\$5.00 per lot
Single Family attached (duplexes):	\$4.00 per unit
Multi-family Units:	\$3.00 per unit
Commercial:	Min. \$250.00 or \$5.00 per acre

A non-refundable check in the appropriate amount shall be made payable to the "City of Troy". Cash will not be accepted.

Property Letters

A complete list of names and addresses of all property owners within 185 feet of the property is required for rezoning, conditional use, and planned development applications.

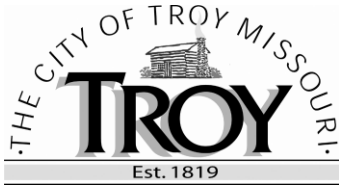
Drawings

Drawings showing all required information as indicated on the appropriate checklist:

Three (3) sets of drawings (initial submittal), no larger than 24" x 36"

One (1) copy reduced to 11" x 17"

An additional 17 copies will be requested for final submittal.



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APPLICATION FOR PLANNING AND ZONING

Date: _____

Project Name: _____

Project Address/Location: _____

Requested Action

- Rezoning: From: _____ To: _____
- Conditional Use: Type: _____
- Site Plan Review: _____
- Preliminary Subdivision Plan: _____
- Final (Record) Plat: _____
- Planned Development (PD): Type: _____

Contact Information

Applicant:

Name: _____

Contact Person: _____

Address: _____

City/State/Zip: _____

Phone: _____

Fax: _____

E-mail: _____

Engineer:

Name: _____

Contact Person: _____

Address: _____

City/State/Zip: _____

Phone: _____

Fax: _____

E-mail: _____

Property Owner(s):

Name(s): _____

Address: _____

City/State/Zip: _____

Name(s): _____

Address: _____

City/State/Zip: _____

Submit additional names on attached sheet.

Agent:

Name: _____

Contact Person: _____

Address: _____

City/State/Zip: _____

Phone: _____

Fax: _____

E-mail: _____

Site Information:

- Attach location map.
- Attach legal description, boundary survey of property and/or plat.
- Property Deed or Certificate of Title.

Applicant Status:

- Corporation Partnership Individual

Relationship of Petitioner to Property:

- Owner Tenant Letter from owner authorizing action Other _____

The following declarations are hereby made:

- The undersigned is the owner or authorized agent of the owner or the officers of a corporation or partnership.
- The submitted plan, if any, contains all of the necessary information required by the Zoning and/or Subdivision Ordinance(s). I will provide any and all omitted information and understand omissions can delay the development process a minimum of thirty (30) days.
- The information presented and contained within this application is true and correct to the best of the undersigner(s) knowledge.

Applicant Signature

Print Name

Date

Owner's Signature

Print Name

Date

Owner's Signature

Print Name

Date

Owner's Signature

Print Name

Date

FOR INTERNAL USE ONLY	
Date Received: _____	Total Received: \$ _____
Agenda Date: _____	Check #: _____
Case Number: _____	Receipt #: _____