

Date: _____
Received By: _____

APPLICATION FOR ZONING CERTIFICATE

PROPERTY ADDRESS:

PROPERTY LEGAL DESCRIPTION (an attached sheet may be used):

REQUESTED BY:

Name: _____
Mailing Address: _____
Telephone Number: _____ FAX Number _____

SUBMIT TO: Department of Building Development Services
Busch Municipal Building
840 Boonville
P.O. Box 8368
Springfield, MO 65801
Telephone: (417) 864-1056 FAX: (417) 864-1057

FOR OFFICE USE ONLY

ZONING CERTIFICATE

The zoning of the property described above is zoned _____ on the date show below.

Pending zoning applications (circle one): No Yes If yes, Case # _____

“THIS CERTIFICATE DOES NOT SIGNIFY BUILDING CODE REVIEW OR APPROVAL NOR SUBDIVISION REVIEW OR APPROVAL AND IS NOT AN AUTHORIZATION TO UNDERTAKE ANY WORK WITHOUT SUCH REVIEW AND APPROVAL WHERE EITHER IS REQUIRED.

BEFORE ANY STRUCTURE TO WHICH THIS CERTIFICATE IS APPLICABLE MAY BE OCCUPIED OR USED FOR ANY PURPOSE, A CERTIFICATE OF OCCUPANCY MUST BE OBTAINED. SEE SECTION 3-1300 OF ZONING ORDINANCE OF THE CITY OF SPRINGFIELD FOR DETAILS.”

Director of Planning and Development or Representative

Date

Director of Building Development or Representative

Date