



Date Filed: _____

Received By: _____

Fee: \$25.00

APPLICATION FOR ZONING CERTIFICATE

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

REQUESTED BY:

Name: _____

Mailing Address: _____

Telephone Number: _____

SUBMIT TO: Planning and Development – Development Review
City of Springfield
P.O. Box 8368
Springfield, MO 65801

FOR OFFICE USE ONLY

ZONING CERTIFICATE

The zoning of the property described above is zoned _____
on the date shown 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

Fax (417-864-1882)