

REQUEST FOR REVISION TO THE ZONING MAP
ONE FORM PER TRACT/LOT OF LAND
PLEASE REVIEW INSTRUCTIONS PRIOR TO SUBMITTING AN APPLICATION

PLEASE PRINT ALL

1. BRUNSTROM FAMILY IRREVOCABLE TRUST

Name – Property Owner <u>18001 OLD HWY 63 SOUTH</u> Address Ashland MO 65010 (573)657-5755 City State/Zip Phone kwbrunstrom@gmail.com Owner Email Address	Potential Buyer/Lessee Address City State/Zip Phone Buyer Email Address
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2. Legal description of land for which revision to zoning map application is made. Please attach copy of Warranty Deed, Deed of Trust, or survey.

Section 27 Township 46 Range 12 Parcel #: 24 802 27 00 009 00 01

3. Present zoning and actual land use: Current Zoning is R-M & C-N & A-2, The use is Single Family Residential.

4. Lot/tract size: 10.32 Acres / Sq. Ft. 5. Requested zoning district: A-2 6. Adjacent zoning A-2, C-N, R-M

7. Proposed use should the request to rezone be approved: (Please be as detailed as possible in describing the proposed use)
SINGLE FAMILY RESIDENTIAL

8. Reason and justification for the request being submitted: THE INFRASTRUCTURE IN THE AREA WOULD BE MORE CONDUCIVE WITH AN A-2 ZONING (The C-N is to remain C-N)

9. Approximate size, use and location of any structure(s): Include sketch.

Existing: _____ Proposed: 5/23/25

10. Type of wastewater system: ON SITE SEWAGE

11. Date of Concept Review (If no concept review was held, state "None"): _____

12. REQUIRED WITH INITIAL SUBMITTAL: (ADDITIONAL DOCUMENTATION MAY BE REQUIRED AT A LATER DATE)

- Application FEE of \$395.00 (or current fee)
 - Review Plan FEE (if applicable) of \$305.00 (or current fee)
 - Final Plan FEE (if applicable) of \$100.00 (or current fee)
 - Copy of recorded Warranty Deed, Deed of Trust, or survey showing proof of ownership
 - List of property owners within 1000 feet of property (you may obtain from Assessor's Office)
- If requesting Planned Zoning, all documentation required in Zoning Regulations Section 6.4
- Additional Fees will be billed later including: Certified Mailings of \$8.50 per notice (or current cost) and Newspaper fees which must be paid by Friday the week prior to the scheduled meeting unless otherwise noted. Indicate below who will pay additional fees. Failure to pay these additional fees by the due date may result in the item being removed from the agenda.
 - Additional fees to be paid by Representative
 - Additional fees to be paid by Owner
 - Additional fees to be paid by Potential Buyer/Lessee

13. The above information is true and correct to the best of my knowledge.

Julie R. Cuyler Kevin Brunstrom 5.15.25
 Owner's Signature (REQUIRED) Date Potential Buyer's/Lessee's Signature Date

14. Representative: (Surveyor, Engineer, Attorney, Etc.)

KEVIN SCHWEIKERT
 Name
506 NICHOLS ST. SUITE A
 Address
COLUMBIA, MO. 65201
 City, State, Zip

Business/Company Name
 Office Phone Number
 Email Address

NOTE: Please attach any additional documentation, sketches, permits, names, and addresses as required as minimum information. Failure to provide any of the required material will result in the invalidation of the application. If you plan to show a power point or other digital presentation during the meeting(s) please provide staff a copy at least 24 hours in advance of the meeting date.

Received by: Kevin Cuyler Date 5/19/25 Time: 10:15 A
 Boone County Planning and Building Inspections

