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

PLEASE PRINT ALL

1. Adam Adkins and Ashlee Adkins
Name – Property Owner

[redacted]
Address

Hallsville MO 65255
City State Zip

[redacted]
Owner Email Address Phone

Potential Buyer/Lessee

Address

City State Zip

Buyer/Lessee Email Address Phone

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 18 Township 50 Range 11 Parcel #: 08 - 401 - 18 - 00 - 013 . 01

Tract shown by the survey recorded in Book 494, page 503

3. Present zoning and actual land use: A-1, residential use

4. Lot/tract size: 2.50 Acres / Sq. Ft. 5. Requested zoning district: A-R 6. Adjacent zoning A-R, A-2

7. Proposed use should the request to rezone be approved or, if revising a previously approved plan, explain proposed change: (Please be as detailed as possible, do not state "see plan")

Rezoning will allow a minor plat of the subject property to combined with 1.5 acres of adjoining property

8. Reason and justification for the request being submitted: A minor plat would not be allowed in the current zoning because of the minimum size tract

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

Existing: 1550 s.f. Home Proposed: None at this time

10. Type of wastewater system: On-site lagoon

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

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

- ☒ Application FEE of $405.00, or current fee (Non-refundable)
- ☒ 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, a Review Plan fee of $310.00 in addition to the $405 application fee (Non-refundable)
- ☐ If requesting Planned Zoning, all documentation required in Zoning Regulations Section 6.4
- ☒ Additional Fees will be billed later including: Certified Mailings of $9.80 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**

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

[signature] 10/19/2026
Owner's Signature (REQUIRED) Date

Potential Buyer's/Lessee's Signature Date

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

James R. Jeffries, PLS
Name

[redacted]
Address

Columbia, MO 65201
City, State, Zip

Allstate Consultants
Business/Company Name

[redacted]
Office Phone Number

[redacted]
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: Andrew Reverett Date 10/24/2026
Boone County Planning and Building Inspections