



# City of Aurora

## Planning & Zoning Department Application

**PROJECT TYPE AND TITLE** (Check ONE)

New Subdivision, Annexation, Zoning and Concept Plan (Requires Preliminary Plat).

Title on Plans: \_\_\_\_\_

Rezoning and Concept Plan

Zoning Code Amendment

Minor Subdivision

Vacation of Easement

Vacation of Right of Way

Special Use Permit

Other: Variance (\$50 Application Fee)

**Fees Table** (See ORD 500.030 for complete list of fees)

Plan review (commercial)	\$100.00 plus \$50.00 per hour
Plan review (residential)	\$25.00
Plat review fees	\$150.00 plus \$10.00 per lot
Minor subdivision	\$50.00
Annexation/Zoning fees	\$100.00 fee (per application)
Special use permit fee	\$100.00 fee (per application)
Board of Adjustment	\$100.00 fee (per application)
Building Board of Appeals	\$100.00 fee (per appeal)

Corresponding amount paid to the City of Aurora listed in fee table must accompany application for processing by check or money order, debit or credit payment arrangements also can be made by calling the City Collector at (417)-678-5121

**APPLICANT INFORMATION**

Date: 3/9/21

Applicant Name: Michael Weber

Address: 810 Terrace dr

Phone: 417-412-0805 Email: Michael Weber 1211@gmail

Relationship to Owner: son

Description of Project: Upgrading 3 ft fence to 6 ft fence

**PROPERTY OWNER(S)**

Name	Address	Phone	Email
<u>Lisa Mar to</u>	<u>810 Terrace dr</u>	<u>631 885 0400</u>	<u>Mar to designs@gmail.com</u>

**Mortgagees/Consultants**

**Contact Person**

Identify one person to serve as the contact for the Planning and Zoning Department during the review process. This will be the only person notified by the Planning and Zoning Department of meeting schedules. It will be his/her responsibility to notify the other parties, who may be involved in the project.

Name: Michael Weber      Address: 810 Ferrac      Phone: 417-412-0805      Email: Michael Weber

**Owners Certification**

I certify that I am the person in interest and the information, exhibits herewith are true and correct to the best of my knowledge, and that in filing this application, I am acting with the knowledge and consent of all persons in interest. Without the consent of persons with interest, this requested action cannot lawfully be accomplished.

Name: Michael Weber      Signature: Michael Weber

**For Office Use Only:**

Received: Carme Howlett 3/9/21 11:58 am

Forward to P&Z Commission -- Meeting Date set for (Pending) ~~2020~~ at Time 6:30pm.

Approved       Denied \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
City official

CITY OF AURORA  
2 W PLEASANT  
PO BOX 30  
AURORA

NO 65605

Description	Amount
MICHAEL WEBER	
BOA-BBDA-SPEC	50.00
016 TERRACE DR VARIANCE	
CC Received	50.00
Change	.00

JLJ 3/09/21 12:08 Rcpt# 31571