



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: _____

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: 03-31-2021

Applicant Name: David L. MARKS

Address: 1420 S. ELLIOT AVE AURORA

Phone: 417-229-0404 Email: dmarks99@gmail.com

Relationship to Owner: SELF

Description of Project: REZONE from C-1 to C-2

PROPERTY OWNER(S)

Name	Address	Phone	Email
<u>Same as applicant</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	Address	Phone	Email
<u>Applicant</u>			

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

David L. Marks

Signature

David L. Marks

For Office Use Only:

Rec'd
3-31-21
4pm
CW

Approved

Denied

Signature: _____

Date: _____

City official

Forward to P&Z Commission -- Meeting Date set for 5/4, 2021 at Time 6:30pm.

CITY OF AURORA
2 W PLEASANT
PO BOX 30
AURORA

MO 65605

Description	Amount
DAVID LARRY MARKS ZONING-SUB-SPEC 1420 S ELLIOTT REZONING	100.00
CK Received Change	100.00 .00

CLN 3/31/21 16:48 Rcpt# 31674