



City of Jefferson
 Department of Planning & Protective Services
 320 E. McCarty Street
 Jefferson City, MO 65101
 Phone: 573-634-6410
jcplanning@jeffcitymo.org
www.jeffersoncitymo.gov

REQUEST FOR ZONING DESIGNATION VOLUNTARY ANNEXATION

1. The undersigned state he/they is/are the owner(s) of the following described real estate who have petitioned for voluntary annexation by the City of Jefferson, Missouri:

Property address _____

Property description (may attach separate sheet):

And hereby request the following zoning designation: _____

2. The property is currently used for the following purpose:

3. The proposed or planned use of the property is:

Property Owner Name (type or print)

Property Owner Signature

Property Owner Name (type or print)

Property Owner Signature

Address of Property Owner #1	
Name	
Mailing Address	
Phone Number	
Address of Property Owner #2	
Name	
Mailing Address	
Phone Number	

For City Use Only

Attachments:

- Annexation petition or application
- Location map

Date Received

Notes: _____

Individuals should contact the ADA Coordinator at (573) 634-6570 to request accommodations or alternative formats as required under the Americans with Disabilities Act. Please allow three business days to process the request.



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Project Information (Please use additional sheets if necessary)			
Name of Project			
Location/Address			
Submitted by			
Applications Submitted (Check box and circle item)	<input type="checkbox"/> P&Z: Zoning Amend Comp Plan Amend Special Exception PUD Sub. Plat Annexation		
	<input type="checkbox"/> BOA: CUP Variance Appeal		
	<input type="checkbox"/> Staff: Site Plan Bldg Plans Grading Plan Change of Use Temp Use		
Consultant(s) (List lead consultant and all others who are responsible for major project)			
Lead Consultant Name		Firm Name	
Address			
Telephone Number		Fax No.	
E-Mail			
Consultant Name		Firm Name	
Address			
Telephone Number		Fax No.	
E-Mail			
Consultant Name		Firm Name	
Address			
Telephone Number		Fax No.	
E-Mail			
Property Owners/Applicants (List owner; Mark "X" next to the name of the primary)			
Owner Name			
Address			
Telephone No.		Fax No.	
E-Mail			
Applicant Name			
Address			
Telephone No.		Fax No.	
E-Mail			

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