

Planning & Zoning Application Form

Staff Use Only	
Case Number:	22-400-01
PC/BOA Meeting:	1/11/22
City Council Dates:	

Application Type (check all that apply)

Land Use	Land Subdivision	Site Development	Use Permit	Other
<input type="checkbox"/> Rezoning <input type="checkbox"/> PUD Rezoning	<input type="checkbox"/> Preliminary Plat <input type="checkbox"/> Final Plat <input type="checkbox"/> Minor Subdivision	<input type="checkbox"/> Final Site Plan <input type="checkbox"/> Preliminary Dev Plan <input type="checkbox"/> Final Dev Plan (PUD)	<input type="checkbox"/> Special Use <input checked="" type="checkbox"/> Homebased Business <input type="checkbox"/> Short-Term Rental	<input type="checkbox"/> Admin. Adjustment <input type="checkbox"/> Variance <input type="checkbox"/> Street Name Change

Project Information and Location

Project Name: GROOMING-DALES DOG BOUTIQUE

Project Address/Location: 16804 E. SALISBURY RD, INDEP. MO 64056

Sq. Ft. of Building: 835 Sq. Ft. Acreage: 2 acre Number of Lots/Tracts: 1 Steam Buffer (Yes or No):

Existing Zoning: R Proposed Zoning: Existing Land Use: Proposed Land Use:

Basic Application Requirements (See the Planning & Zoning Application Guide for additional requirements)

<input type="checkbox"/> Completed & Signed Application Form <input type="checkbox"/> Application Fee <input type="checkbox"/> Cover Letter Describing Details of Project	<input type="checkbox"/> Plat Map, Development Plan, or Other Map (24" x 36" & 8.5" x 11" hard copy, and electronic copy) <input type="checkbox"/> Legal Description of the property in question
---	---

Contact Information

<p>Applicant</p> <p>Name: <u>GWEN L. WALTERS</u></p> <p>Company: <u>GROOMING-DALES</u></p> <p>Address: <u>16804 E. SALISBURY RD</u></p> <p>Phone: <u>816-988-1852</u></p> <p>E-mail: <u>WARRIOR2123@icloud.com</u></p>	<p>Owner</p> <p>Name: <u>GWEN L. WALTERS</u></p> <p>Company: <u>GROOMING-DALES</u></p> <p>Address: <u>16804 E. SALISBURY RD</u></p> <p>Phone: <u>816-988-1852</u></p> <p>E-mail: <u>Warrior2123@icloud.com</u></p>
---	---

<p>Architect/Engineer/Surveyor/Other: _____</p> <p>Name: _____</p> <p>Company: _____</p> <p>Address: _____</p> <p>Phone: _____</p> <p>E-mail: _____</p>	<p>Architect/Engineer/Surveyor/Other: _____</p> <p>Name: _____</p> <p>Company: _____</p> <p>Address: _____</p> <p>Phone: _____</p> <p>E-mail: _____</p>
--	--

The applicant hereby agrees that the information provided above is accurate.

Gwen Walters 12/2/21 _____ _____

Applicant's Signature Date Owner's Signature Date

**** DUPLICATE ****

City of Independence

CityHall

Date: 12/2/2021 11:15 AM

ID: counter

Batch: 26789

Trans #: 8

Batch Date: 12/2/2021

8 09407362

Receipt:

Acct:

Name:

Planning & Zoning

\$350.00

CRC

\$350.00

Total Paid:

\$350.00

Thank you for your payment.

Have a nice day!

www.ci.independence.mo.us

816-325-7930

**** DUPLICATE ****