

**Application Type (check all that apply)**

Land Use	Land Subdivision	Site Development	Use Permit	Other
<input type="checkbox"/> Rezoning <input checked="" 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 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 <input type="checkbox"/> Special Sign Permit

**Project Information and Location**

Project Name: 2710 Westport Rd., Independence, MO 64052

Project Address/Location: 0.70 1 No

Sq. Ft. of Building <u>R-6</u>	Acreage <u>R-18/PUD</u>	Number of Lots/Tracts <u>2 houses, 1 lot</u>	Stream Buffer (Yes or No)
Existing Zoning	Proposed Zoning	Existing Land Use	Proposed Land Use

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

<input checked="" type="checkbox"/> Completed & Signed Application Form	<input type="checkbox"/> One 24" x 36" set of plans for Land Sub. & Site Dev.
<input checked="" type="checkbox"/> Application Fee	<input type="checkbox"/> One PDF copy of a plat map or site plan
<input type="checkbox"/> Cover Letter Describing Details of Project	<input type="checkbox"/> Legal Description of the property in question

**Contact Information**

Applicant: Robert Hoover Owner: \_\_\_\_\_

Name: \_\_\_\_\_ Company: \_\_\_\_\_ Name: \_\_\_\_\_ Company: \_\_\_\_\_  
Address: 3365 Blue Ridge Blvd. Address: \_\_\_\_\_

Independence, MO 64052  
Phone: 816-254-6167 Email: rhoover1000@gmail.com Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Architect/Engineer/Surveyor/Other: \_\_\_\_\_ Architect/Engineer/Surveyor/Other: \_\_\_\_\_

Robert Parks Weiskirch & Parks Engineers  
Name: \_\_\_\_\_ Company: \_\_\_\_\_ Name: \_\_\_\_\_ Company: \_\_\_\_\_

111 N. Main Indep. MO 64050  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

816-254-5000 WPKC@WPKC.COM  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Robert Hoover 3-16-2023 Robert Hoover 3-16-2023  
Applicant's Signature Date Owner's Signature Date