

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 checked="" 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

Tattoo Shop (Bare Skin Tattoo LLC)

Project Name

4516 S Noland Rd Independence, MO 64055

Project Address/Location

800	2.16	1	
Sq. Ft. of Building	Acreage	Number of Lots/Tracts	Stream Buffer (Yes or No)
C2	C2	commercial	commercial
Existing Zoning	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"/> One 24" x 36" set of plans for Land Sub. & Site Dev. <input type="checkbox"/> One PDF copy of a plat map or site plan <input type="checkbox"/> Legal Description of the property in question
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Contact Information

Applicant

Carlota Vittì

Name: Carlota Vittì
Company: 64055
Address: 16425 E 36th St S Independence, MO 64055
Phone: 816-665-2231
Email: carlotavitti@gmail.com

Architect/Engineer/Surveyor/Other: _____

Name: _____
Company: _____
Address: _____
Phone: _____
Email: _____

Owner

Noland South Development, c/o AREA Real Estate Advisors

Name: _____
Company: _____
Address: 4800 Main Street, Suite 400 Kansas City MO 64112
Phone: 816.876..2527
Email: ptaggart@openarea.com

Architect/Engineer/Surveyor/Other: _____

Name: _____
Company: _____
Address: _____
Phone: _____
Email: _____

I the applicant hereby agrees that the information provi

Applicant's Signature

Date

Phillip Taggart, Operations Manager
Agent for Owner

2.19.24