



City of Foristell

121 Mulberry St. Foristell, MO 63348
Phone: (636) 463-2123 / Fax: (636) 673-2701

APPLICATION FOR DISTRICT RE-ZONING CHANGE

Name of Applicant _____

Address _____

Name of Property Owner _____

Legal Description _____

Street Address _____

Present Zoning District _____ Requested Zoning District _____

Reason for this Application _____

List Names and Addresses of surrounding property owners within one hundred eight five (185) feet of the boundaries of the property being amended.

Signature of Applicant _____

Date _____

\$150.00 Non-refundable zoning request change fee is required