

City of Willard, MO

S FARM ROAD 103

07/25/2025 - 07/24/2026

7854962

Land Use

General

3e6a1050-69b9-11f0-853b-5f8eb89895b2

New

Active

# Application Review Status

Pre-Review

Not Reviewed

Final-Review

Not Reviewed

07/25/2025

# Application Form Data

First Name

Jacob

Last Name

Hill

Contact Email

XXXXXX@.com

Phone Number

xxx-xxx-xxxx

Property Owner Name

Jacob Hill

Phone Number

xxx-xxx-xxxx

Mailing Street Address

xxxxxxxxxxxxxxxxxxxxxx

City

Willard

State

MO

Zip Code

65781

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Application Type

**Rezone**

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Street Address of Property

**S FARM ROAD 103**

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City

**Willard**

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State

**MO**

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Zip Code

**65781**

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Legal Description of Property

**Subdivision/Sec-Twp-Rng 36-30-23**

**Block/Qtr NE**

**Lot/Qtr SE**

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Current Zoning Classification of Property

**R 1**

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Parcel ID Number

**0736400019**

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Current Use of Property

**Agriculture**

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Requested Zoning Classification

**Mixed Use**

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Why are you requesting a change in zoning?

**Want to add a tax office and home.**

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Are there any deed restrictions or restrictive covenants that would affect the use of this property? If so, what are they?

**No**

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Has a rezoning ever been requested for this property in the past by the current owner? What zoning classification was requested and when?

**No**

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Has a rezoning ever been requested for this property in the past by the current owner? What zoning classification was requested and when?

**No**

Provide a list of property owners' names and addresses within 185 feet of the area to be rezoned that has been compiled from the records of the Greene County Assessor's Office or prepared by a title company authorized to issue title policies in the State of Missouri.

 Report.csv

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## Signature

I HEREBY CERTIFY THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT; THAT I HAVE READ AND UNDERSTAND THE PROCEDURES, ORDINANCES, AND REQUIREMENTS ASSOCIATED WITH THE APPLICATION AND REVIEW PROCESS. I ALSO UNDERSTAND THAT THIS APPLICATION WILL EXPIRE WITHIN 180 DAYS OF THE DATE OF MY SIGNING, UNLESS A REQUEST FOR AN EXTENSION IS RECEIVED AND APPROVED BY THE DIRECTOR OF DEVELOPMENT PRIOR TO THE EXPIRATION DATE. FURTHERMORE, I ACKNOWLEDGE THAT I WILL BE RESPONSIBLE FOR ANY AND ALL COSTS INCURRED BY PLAN REVIEWS PERFORMED BY CONSULTANTS OF THE CITY, CERTIFIED MAILING OR PUBLICATION COSTS FOR REQUIRED LEGAL NOTICE, AND RECORDING FEES. THESE COSTS MAY BE PAID BY THE CITY AND REIMBURSED BY THE APPLICANT UPON INVOICING.

Jacob Hill

