



**CITY OF FRONTENAC
PLANNING & ZONING COMMISSION
APPLICATION**



10555 Clayton Road, Frontenac, Missouri 63131
Phone: (314) 994-3200 Fax: (314) 994-3203

Address of Property: _____ **Zoning** _____

Owner: _____
Last Name
First Name
Middle Initial

Address: _____
Street
City
State
Zip Code

Phone No.: _____
Work
Home

Applicant/Agent: _____
Last Name
First Name
Middle Initial

Address: _____
Street
City
State
Zip Code

Phone No.: _____
Work
Home

Request: _____

Applicant's Signature: _____ **Date:** _____

OFFICE USE ONLY

Date Received: _____ Fee Amount: \$ _____ Receipt No. _____ By: _____

Planning & Zoning Commission Meeting Date: _____ Recommend Approval _____ Denial _____

Board of Aldermen Meeting Date: _____ Approved _____ Denied _____ Stipulations: Yes No

 Building Commissioner & Zoning Administrator Date: _____