BEFORE THE COUNCIL OF THE CITY OF JOPLIN, MISSOURI

PETITION FOR DEANNEXATION PURSUANT TO 71.012, RSMO., 1994

TO WHOM IT MAY CONCERN:

Pursuant to the terms of V.A.M.S. 71.02, the undersigned, being all of the owners of fee interests of record in all tracts of real property attached hereto and incorporated herein as Exhibit "A", do hereby request the deannexation of said land from the City of Joplin, Missouri.

Kristy Carson

3031 N Arizona Ave 64801

STATE OF Missouri)
) ss:
COUNTY OF Jasper)

On this 20th day of December 2023, before me appeared Kristy Carson, a single person, to me known to be the person described in and who acknowledged that he/she executed the foregoing instrument and acknowledged that he/she executed the same as his/her free act and deed.

IN TESTIMONY WHEREOF, I have hereunto set by hand and affixed by official seal, in the County and State aforesaid, the day and year first above written.

Notary Public Rachel Holcomb

My commission expires: April 6, 2024

Rachel Holcomb
NOTARY PUBLIC, NOTARY SEAL
STATE OF MISSOURI
Newton County
COMMISSION # 16487402
MY COMMISSION EXPIRES: April 06, 2024

Deannexation Application

Return Form to:
Planner
Joplin City Hall
602 S. Main Street
Joplin, Missouri 64801
417-624-0820 Ext. 1511
Zoning-Planning@JoplinMO.org

Office Use Only

Case No.: 053-23
Filing Fee: $0.00
Received: 11/9/23
Proj. No.: _____

Please complete the following information as it pertains to the requested deannexation property. If you own more than one parcel in which you are requesting deannexation, you will need to complete this form for each parcel of property.

Owner Name: Harold Cupp / Kristy Carson Phone No. 417-825-5086 (Kristy Carson) - Daughter

Email: _____

Applicant Name: City of Joplin Phone No. 417-624-0820 ext 1511

Email: tbellair@joplinmo.org

Mailing Address: 602 S Main St

Deannexation Property Address: 3031 N. Arizona Ave

Present Use of Property: Single-Family Residence

Residential Information (if no present of future residences, you may skip this section.)

Number of presently occupied or occupiable:

Single-family residences: 1

Duplex residences: -

Triplex residences: -

Apartment house residences: -

Apartment complex units: -

Number of future occupiable:

Single-family residences: -

Duplex residences: -

Triplex residences: -

Apartment house residences: -

Apartment complex units: -

Name of water provider, or list 'well': well

Name of sewer provider, or list 'septic': Septic

Commercial Information (if no present commercial use, you may skip this section.)

Business #1

Business Name: _____

Mailing Address: _____

Owner/Manager Name: _____

Phone No. _____ Email: _____

Landlord Name: _____ Phone No. _____

Missouri Sales Tax ID No. _____

Liquor Sales: Yes ○ No ○

Business #2

Business Name: _____

Mailing Address: _____

Owner/Manager Name: _____

Phone No. _____ Email: _____

Landlord Name: _____ Phone No. _____

Missouri Sales Tax ID No. _____

Liquor Sales: Yes ○ No ○

REQUIRED DEANNEXATION INFORMATION

JOPLIN

FINANCE DEPARTMENT

*******THIS FORM MUST BE SUBMITTED WITH YOUR DEANNEXATION PETITION*******

Please complete the following information as it pertains to the requested deannexation property. If you own more than one parcel in which you are requesting deannexation you will need to complete this form for each parcel of property.

Property Owner Name: Harold Cupp/Kristy Carson **Telephone Number:** 417-825-5086

Property Address: 3031 N Arizona Ave

1. **Is the deannexation the result of an out-of-town sewer agreement?** X **Yes** _____ **No**
2. **Is this property residential property?** X **Yes** _____ **No**
3. **Are there any businesses located on this property?** _____ **Yes** X **No**

If yes, how many businesses are located on this property? _____

Please list the following information for each business located on the property:

Business #1:

Business Name: _____

Business Mailing Address: _____

Name of Owner or Manager: _____

Business Contact Phone Number: _____

Is the Property Leased to the Business? _____ **Yes** _____ **No**

Type of Business (example: insurance, repair shop, etc.) _____

Does the business sell retail items? _____ **Yes** _____ **No**

If yes, what is their Missouri Sales Tax ID Number? _____

Does the business sell liquor? _____ **Yes** _____ **No**

Business #2:

Business Name: _____

Business Mailing Address: _____

Name of Owner or Manager: _____

Business Contact Phone Number: _____

Is the Property Leased to the Business? _____ **Yes** _____ **No**

Type of Business (example: insurance, repair shop, etc.) _____

Does the business sell retail items? _____ **Yes** _____ **No**

Are there residential living units on the property that are occupied or capable of being occupied? ___X___Yes _____No

If Yes, how many
Single-family house(s) ___1___Amount
Duplex(s) _____Amount
Tri-plex(s) _____Amount
Apartment House(s) _____Amount
Apartment Complex(s) _____Amount

Do you plan to build residential living units on the property _____Yes ___X___No

If Yes, how many
Single-family house(s) _____Amount
Duplex(s) _____Amount
Tri-plex(s) _____Amount
Apartment House(s) _____Amount
Apartment Complex(s) _____Amount

Are (or Will) the living unit(s) be on a well ___Y___Yes _____No
If NO, please furnish the name of the water company _____

Are (or Will) the living unit(s) have a septic system? ___X___Yes _____No
If NO, please furnish the name of the municipal sewer system _____

If yes, what is their Missouri Sales Tax ID Number? _____

Does the business sell liquor? _____Yes _____No (Over)

Business #3: Business Name: _____

Business Mailing Address: _____

Name of Owner or Manager: _____

Business Contact Phone Number: _____

Is the Property Leased to the Business? _____Yes _____No

Type of Business (example: insurance, repair shop, etc.) _____

Does the business sell retail items? _____Yes _____No

If yes, what is their Missouri Sales Tax ID Number? _____

Does the business sell liquor? _____Yes _____No

Business #4: Business Name: _____

Business Mailing Address: _____

Name of Owner or Manager: _____

Business Contact Phone Number: _____

Is the Property Leased to the Business? _____Yes _____No

Type of Business (example: insurance, repair shop, etc.) _____

Does the business sell retail items? _____Yes _____No

If yes, what is their Missouri Sales Tax ID Number? _____

Does the business sell liquor? _____Yes _____No

MMENTS