



LAND USE REVIEW APPLICATION
STATE OF MISSOURI
COUNTY OF ST. CHARLES
CITY OF ST. PETERS

Name of Applicant: _____

Address: _____

_____ ZIP Code: _____

Phone Number: _____ FAX: _____ E-Mail: _____

Check one: Property Owner Agent Tenant Owner under contract

Name of Property Owner: _____

Address: _____

_____ ZIP Code: _____

Phone Number: _____ FAX: _____ E-Mail: _____

Property Information:

Location of project: _____

Acreage: _____ Current Zoning: _____

Existing Use: _____

Proposed Zoning: _____

Proposed Use: _____

Additional items required:

- Sketch plan and/or aerial photo of proposed development, as applicable (*may be submitted electronically*):
 - Distribution copies (handout size) – 12 copies
- Photos of building or of similar projects/buildings (*if available; may be brought to meeting or submitted with application*)

Meeting Date _____ Time _____ (to be completed by City)

Land Use Review Committee –schedule - 2016

Application Submittal Date	Land Use Review committee meeting
January 8, 2016	January 13, 2016
February 5, 2016	February 10, 2016
March 4, 2016	March 9, 2016
April 8, 2016	April 13, 2016
May 6, 2016	May 11, 2016
June 3, 2016	June 8, 2016
July 8, 2016	July 13, 2016
August 5, 2016	August 10, 2016
September 9, 2016	September 14, 2016
October 7, 2016	October 12, 2016
November 4, 2016	November 9, 2016
December 9, 2016	December 14, 2016

Updated 12-21-15