



**PETITION FOR CHANGE OF ZONING CLASSIFICATION**  
**STATE OF MISSOURI**  
**COUNTY OF ST. CHARLES**  
**CITY OF ST. PETERS**



INSTRUCTIONS TO APPLICANT:

APPLICATION NUMBER: \_\_\_\_\_

**Submit to the Administrative Officer:**

- The petition forms completely filled out, typed or printed.
- The petition fee.

A FEE IS REQUIRED TO COVER THE COST OF CERTIFIED MAILINGS, PUBLICATIONS AND ANY ADDITIONAL ADMINISTRATIVE EXPENSES ASSOCIATED WITH THIS PETITION.

- THE BASE FEE IS \$250.00 WHICH SHOULD BE SUBMITTED WITH THIS PETITION.
- THE APPLICANT WILL BE BILLED \$2.00 PER EACH SET OF 3 LETTERS FOR THE ADDITIONAL COST OF THE MAILINGS.

- A typed legal description of the property being petitioned.
- Deed for subject property.

**NAME OF APPLICANT:** \_\_\_\_\_

*IF APPLICANT IS A LIMITED LIABILITY CORPORATION OR INCORPORATION, A COPY OF THE CURRENT OPERATION AGREEMENT OR ARTICLES OF INCORPORATION, WHICHEVER IS APPLICABLE, SHALL BE PROVIDED.*

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**NAME OF LEGAL OWNER:** \_\_\_\_\_

*IF OWNER IS A LIMITED LIABILITY CORPORATION OR INCORPORATION, A COPY OF THE CURRENT OPERATION AGREEMENT OR ARTICLES OF INCORPORATION, WHICHEVER IS APPLICABLE, SHALL BE PROVIDED.*

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**CHECK ONE:**  OWNER     OWNER BY OPTION     AGENT     OTHER (SPECIFY): \_\_\_\_\_

IF OWNER BY OPTION, INDICATE:    DATE OF CONTRACT: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

**LOCATION OF PROPERTY:** \_\_\_\_\_

**ACREAGE TO THE NEAREST 1/10 OF AN ACRE OF THE PROPERTY BEING PETITIONED:** \_\_\_\_\_

**PRESENT ZONING CLASSIFICATION:** \_\_\_\_\_

**PRESENT USE:** \_\_\_\_\_

**PROPOSED ZONING CLASSIFICATION:** \_\_\_\_\_

**PROPOSED USE:** \_\_\_\_\_

**THE FOLLOWING FACTORS JUSTIFY THIS REQUEST:** (ATTACH ADDITIONAL SHEETS IF NECESSARY):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE OF APPLICANT (MUST BE NOTARIZED):** \_\_\_\_\_

DATE: \_\_\_\_\_

STATE OF MISSOURI }  
COUNTY OF ST. CHARLES } SS

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me personally appeared  
number date month year

\_\_\_\_\_ To me known, who, being by me duly sworn, did say that they have signed the foregoing instrument of their own free will and deed. In Testimony Whereof, I have hereunto set my hand and affixed my official seal in the County and State aforesaid the day and year first above written.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

**SIGNATURE OF LEGAL OWNER (MUST BE NOTARIZED):** \_\_\_\_\_

DATE: \_\_\_\_\_

STATE OF MISSOURI }  
COUNTY OF ST. CHARLES } SS

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me personally appeared  
number date month year

\_\_\_\_\_ To me known, who, being by me duly sworn, did say that they have signed the foregoing instrument of their own free will and deed. In Testimony Whereof, I have hereunto set my hand and affixed my official seal in the County and State aforesaid the day and year first above written.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

**TO BE COMPLETED BY ADMINISTRATIVE OFFICE**

DATE FILED: \_\_\_\_\_, \_\_\_\_\_  
month day year

FEE PAID: \$ \_\_\_\_\_ (\$250.00)  
\$ \_\_\_\_\_ (Mailing)



## NON-DISCRIMINATION POLICY

It is the policy of the City of St. Peters to comply with the Fair Housing Act, as amended, 42 U.S.C. §§ 3601 *et seq.*, by ensuring that its zoning and land decisions do not discriminate against persons based on race, color, religion, national origin, disability, familial status or sex. It is also the policy of the City of St. Peters to comply with Title II of the Americans with Disabilities Act, 42 U.S.C. §§ 12131, *et seq.*, and the regulations implementing Title H., 28 C.F.R. Part 35, by ensuring that its zoning and land use decisions do not discriminate against persons based on disability. This policy means that, among other things, the City and all its officials, agents and employees will not discriminate in any aspect of housing based on these protected characteristics, including by:

- (a) making unavailable or denying a dwelling to any person based on a protected characteristic;
- (b) discriminating against any person in the terms, conditions or privileges of a dwelling, or in the provision of services or facilities in connection therewith based on a protected characteristic;
- (c) making, printing, or publishing, or causing to be made, printed, or published any notice, statement, or advertisement, with respect to a dwelling that indicates any preference, limitation, or discrimination based on a protected characteristic;
- (d) representing to persons because of a protected characteristic that any dwelling is not available when such dwelling is in fact so available;
- (e) interfering with any person in the exercise or enjoyment of, or on account of his having exercised or enjoyed, or on account of his having aided or encouraged any other person in the exercise or enjoyment of, any right protected by the Fair Housing Act; or
- (g) discriminating in any aspect of the administration of its zoning, land use, or building ordinances, policies, practices, requirements, or processes relating to the use, construction, or occupancy of dwellings, including but not limited to group homes for persons with disabilities.

Any person who believes that any of the above policies have been violated by the City may contact:

- St. Peters' Compliance Officer, William P. Charnisky, at 636-477-6600 ext. 1202,
- the U.S. Department of Housing and Urban Development at 1-888-799-2085, or
- the U.S. Department of Justice at 1-800-896-7743.