



APPLICATION FOR A SPECIAL USE PERMIT
STATE OF MISSOURI
COUNTY OF ST. CHARLES
CITY OF ST. PETERS

INSTRUCTIONS TO APPLICANT:

APPLICATION NUMBER: _____

Submit the following to an Administrative Officer:

- The petition forms completely filled out typed or printed.
- The petition fee.
 - 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 and electronic version of the legal description of the property being petitioned.
- Provide items required by Section 405.780 (D)(2)

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 USE: _____

DESCRIBE IN DETAIL THE SPECIAL USE PROPOSED AND JUSTIFICATION FOR THE REQUEST (MAY BE ATTACHED):

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)