



**USE APPROVAL APPLICATION**  
**STATE OF MISSOURI**  
**COUNTY OF ST. CHARLES**  
**CITY OF ST. PETERS**

**Name of Applicant:** \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

\_\_\_\_\_

**Name of Property Owner:** \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

\_\_\_\_\_

**Check One:**  Property Owner  Agent  Tenant

Other: \_\_\_\_\_

**THE FOLLOWING INFORMATION MUST BE SUBMITTED FOR EACH USE APPROVAL**

Location of Property: \_\_\_\_\_

Written consent of the property owner (see page 2)

Details explaining the nature of the business and activity requested for use approval. (see page 2)

A sketch/layout of the subject site indicating the project location and details, if applicable.  
(attach to application)

**Explain project details:** (Attach additional information and sheets as necessary):

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Property Owner's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Applicant or their representative must attend the Planning and Zoning Commission Meeting to obtain use approval. The Planning and Zoning Commission typically meets on the first Wednesday of every month at 6:30 p.m. at the St. Peters Justice Center located at the intersection of Suemandy Drive and Grand Teton Drive.

**For office Use**

Zoning District: \_\_\_\_\_ Application Number: \_\_\_\_\_

Planning and Zoning Commission Meeting Date: \_\_\_\_\_