

City of St. Joseph

1100 FREDERICK AVENUE, Room 107
Planning & C.D. Department
Planning & Zoning Division

ST. JOSEPH, MISSOURI 64501-2346
Telephone (816) 271-4773
Telefax (816) 271-4752

APPLICATION FOR APPROVAL OF CONDITIONAL USE PERMIT*

Non-Refundable Filing Fee Must be Attached: \$1,100.00

- **Street address of the Property:** _____
- **Legal Description of the Property (unless lot and block, legal description must be submitted digitally as well as written or typed)** _____

- On a separate sheet of paper, fully describe the activity for which you are applying for a Conditional Use Permit. Include proposed hours of operation, expected traffic volumes, staffing levels, parking availability and any other information that would be helpful. Please do not exceed one sheet of paper. This information will be included in a letter that will be sent to all property owners within 185 feet of your property.

THE UNDERSIGNED HEREBY APPLIES FOR THE APPROVAL OF SAID CONDITIONAL USE PERMIT.

With the signing and submittal of this application, the property owner authorizes the City of St. Joseph to enter onto the subject property to collect data and other information in order to accurately prepare reports or other documentation for review by the City Council, City boards & commissions, and City departments.

- **Signature of Applicant:** _____
Print or type name: _____
Address of applicant: _____

Telephone number of applicant: _____
- **Signature of property owner or his/her legal representative:** _____
Print or type name: _____
Address of property owner or his/her legal representative: _____
Telephone number of property owner or his/her legal representative: _____

Items to be submitted with application:

1. ___ This completed application -- all sections must be completed or application will be deemed invalid.
2. ___ \$1,100.00 non-refundable filing fee.
3. ___ Digital copy of legal description, if required.
4. ___ One separate sheet of paper explaining intended use of property.
5. ___ Materials required on checklist (see back)

*Except large day care home and day nurseries

To be completed by city staff only:
Current zoning of property: _____
Provision(s) under which
applying for CUP: _____

Date application recvd: _____
Date filing fee recvd: _____
Staff initial: _____