



**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  
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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)