



City of St. Ann, Missouri SPECIAL USE PERMIT APPLICATION

PLEASE SUBMIT EIGHTEEN (18) COPIES OF A SCALED SITE PLAN INDICATING LOCATION OF PROPOSED DEVELOPMENT AND EIGHTEEN (18) COPIES OF FLOOR PLAN OF PROPOSED BUILDING.

DATE: _____

**Accompanying this application is a filing fee for a Special Use Permit: \$250.00 (minimum)
Plus Surcharge for minutes
(NON-REFUNDABLE)**

IDENTIFICATION

Print all information clearly! Failure to fully complete this section will result in processing delays!

Applicant Name _____ Phone # _____

Address _____ Street _____ City _____ State _____ Zip _____

E-Mail: _____

Property Owner _____ Phone # _____

Address _____ Street _____ City _____ State _____ Zip _____

E-Mail: _____

Architect/Contractor _____ Phone # _____

Address _____ Street _____ City _____ State _____ Zip _____

Application is hereby made to the City of St. Ann for a Special Use Permit to: _____

on the property located at _____

The legal description of the property is attached. (Where the proposed development involves new construction, a survey prepared by a registered surveyor must be attached).

The property is presently being used for: _____

The applicant submits the following reasons for requesting such special use permit: _____

(Please place additional information on attached sheet)

<i>Signature of Applicant (Date)</i>	<i>Signature of Owner of Business (Date)</i>	<i>Signature of Property Owner (Date)</i>
Print Name of Applicant	Print Name of Owner of Business	Print Name of Owner

NOTE: APPLICANT AND BUSINESS OWNER MUST ATTEND MEETING

City Use Only

Receipt #: _____

P & Z Date: _____

Date Received: _____

Public Hearing Date: _____