



city
of

CREVE COEUR

PLANNING DIVISION

300 North New Ballas Road, Creve Coeur, Missouri 63141
Tel. (314) 872-2501 • Fax (314) 872-2505

PLANNING AND ZONING COMMISSION AGENDA APPLICATION

PLEASE COMPLETE FRONT AND BACK PAGES

<i>Applicant:</i>	<i>Applicant's Representative (if applicable):</i>
_____ <i>Name</i>	_____ <i>Name</i>
_____ <i>Company (If Applicable)</i>	_____ <i>Company (If Applicable)</i>
_____ <i>Address</i>	_____ <i>Address</i>
_____ <i>Address</i>	_____ <i>Address</i>
_____ <i>Telephone #</i>	_____ <i>Telephone #</i>
_____ <i>Fax #</i>	_____ <i>Fax #</i>
_____ <i>Email:</i>	_____ <i>Email:</i>
_____ <i>Applicant's Signature</i>	_____ <i>Applicant's Representative's Signature</i>

<i>Property Information:</i>	<i>Owner's Acknowledgement (if different from applicant):</i>
_____ <i>Address</i>	_____ <i>Name</i>
_____ <i>Address</i>	_____ <i>Company (If Applicable)</i>
_____ <i>Development Name (if any)</i>	_____ <i>Address</i>
_____ <i>Current Zoning</i>	_____ <i>Address</i>
_____ <i>Prior CUP Approvals (if known)</i>	_____ <i>Telephone #</i>
_____	_____ <i>Fax #</i>
_____	_____ <i>Email:</i>
_____	_____ <i>Owner's Signature</i>

Description of Requested Use (attach additional sheets as needed)

General Description of Business: _____

Gross Floor Area – Existing and Proposed: _____
Number of Seats (for restaurant only): _____
Number of Employees at the busiest shift: _____
Hours of Operation: _____
Current or Most Recent Use of the Property: _____
Will the applicant apply for a liquor license: Yes _____ No _____

Rationale

Please describe in detail, on an attached sheet, the reasons why you believe the request for a conditional use permit should be approved and what steps are being taken to lessen any impacts on surrounding residences and businesses. An explanation of the building and landscape designs (if changes are proposed) should also be included.

Submittal Checklist

- | | |
|---|--|
| <input type="checkbox"/> Rationale | <input type="checkbox"/> Building elevations for new construction |
| <input type="checkbox"/> Site plan | <input type="checkbox"/> Photographs of existing structures |
| <input type="checkbox"/> Access and parking plan; (may be shown on site plan) | <input type="checkbox"/> Materials samples |
| <input type="checkbox"/> Landscape plan | <input type="checkbox"/> Legal Description in Word format |
| <input type="checkbox"/> Floor plan | <input type="checkbox"/> Fees: \$250 (non-refundable)
\$2000 (refundable deposit) |
| <input type="checkbox"/> Electronic copies of all materials | <input type="checkbox"/> Other items as requested by staff |

Preferred Public Hearing Date: Monday, _____, 20____.

****See attached schedule and confirm available meeting dates with Planning Division staff****

Office Use Only	
<input type="checkbox"/> All Sections Complete	Received By: _____
<input type="checkbox"/> All Documents, incl. e-Copies	_____
<input type="checkbox"/> Fees Paid	Date: _____

Jason Jaggi, AICP, Director of Community Development
Whitney Kelly, AICP, City Planner
Jessica Stutte, Administrative Assistant (314-872-2501)

Revised: 5/19