



City of Clayton  
10 North Bemiston Avenue  
Clayton, Missouri 63105  
(314) 290-8453 FAX: (314) 863-0296

**CONDITIONAL USE PERMIT  
APPLICATION-GENERAL**

*(please type or print)*

**ALL SECTIONS OF APPLICATION MUST BE COMPLETE.  
APPLICATIONS MUST BE CONSISTENT WITH SUBMITTED MATERIALS.  
ALL MATERIALS SUBMITTED MUST BE SIGNED/SEALED FOR REVIEW  
\$200.00 APPLICATION FEE MUST ACCOMPANY THIS APPLICATION**

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Location of Project: \_\_\_\_\_

Project Description: \_\_\_\_\_

**PART A: PARTIES OF INTEREST**

The full legal name of property owner (partnership, incorporation, etc.), applicant, agent, architect, landscape architect, planner, engineer and/or manager is required for review of this application.

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

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

*Phone Number & E-Mail Address:* \_\_\_\_\_

*Interest in Property:* \_\_\_\_\_

Name of Owner(s) - if different from above: \_\_\_\_\_

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

*Phone Number:* \_\_\_\_\_

Name of Architect, Landscape Architect, Planner or Engineer:

*Name/Position:* \_\_\_\_\_

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

Phone Number & E-Mail Address: \_\_\_\_\_

Name/Position: \_\_\_\_\_

## **PART B: SITE DESCRIPTION**

Subdivision \_\_\_\_\_ Current Zoning: \_\_\_\_\_

Current Use of Site: \_\_\_\_\_

## **PART C: SITE DEVELOPMENT**

Proposed Use of Site: \_\_\_\_\_

Estimated Cost of Construction : \_\_\_\_\_ No. of Stories : \_\_\_\_\_

Total Square Footage of Site: \_\_\_\_\_

Total Square Footage of Building(s): \_\_\_\_\_

Ratio of Total Square Footage of Building(s) to Total Square Footage of Site: \_\_\_\_\_

Building(s) Height(s): \_\_\_\_\_ Number of Floors: \_\_\_\_\_

Total Number of Available Parking Spaces: \_\_\_\_\_

Number of Parking Spaces as Required by the Zoning Ordinance: \_\_\_\_\_

\*Proof that the Supplied Parking Will Meet the Demands of the Project: \_\_\_\_\_

Describe the Reason for Requesting a Conditional Use Permit: \_\_\_\_\_

Briefly describe the disposal of Refuse for operation: \_\_\_\_\_

*\*Parking Study prepared by an impartial parking engineer must be submitted as part of the application if supplied parking is less than number required by the Zoning Ordinance.*

*Architectural review is required for any exterior renovation, awning or signage. If any of these items are*

*part of the project, complete an Architectural Review Board Application.*

**PART D: AMENDING AN EXISTING CONDITIONAL USE PERMIT**

Please describe the proposed amendment: \_\_\_\_\_

\_\_\_\_\_

Please describe why the proposed amendment is necessary: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PART E: TRANSFERRING AN EXISTING CONDITIONAL USE PERMIT**

The full legal name of the individual or entity to which the existing conditional use permit is issued:

\_\_\_\_\_

The full legal name of the individual or entity to which the conditional use permit is to be transferred:

\_\_\_\_\_

Please describe any changes to the operation: \_\_\_\_\_

\_\_\_\_\_

Please describe any changes to the hours of operation and decor:

\_\_\_\_\_

\_\_\_\_\_

**SIGNATURES**

*Signature of Applicant (Required):* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Relation to the Property Owner:* \_\_\_\_\_

*Signature of Property Owner (Required):* \_\_\_\_\_ *Date:* \_\_\_\_\_