



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.

A \$235.00* APPLICATION FEE, ELEVEN (11) 11 X 17 PLAN SETS, A LETTER ADDRESSED TO THE HONORABLE MAYOR AND MEMBERS OF THE BOARD OF ALDERMEN REQUESTING THE CUP, AND AN ELECTRONIC COPY (emailed to akrane@claytonmo.gov or kcranford@claytonmo.gov) MUST ACCOMPANY THIS

APPLICATION

(INCLUDES \$35 NON-REFUNDABLE PROCESSING FEE)

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.

Legal Name to which this Permit is to be issued: _____

Contact Person's Name: _____

Address: _____

Phone Number & E-Mail Address: _____

Interest in Property (Tenant/Owner): _____

Name of Property 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: TRANSFERING 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:** _____

**includes \$35.00 non-refundable processing fee. Application fee for a transfer of/amendment to an existing CUP is \$100 IF Plan Commission and/or Board of Aldermen consideration is not necessary.*