



Planning and Development Services

10 N. Bemiston Avenue • Clayton, Missouri 63105 • 314-290-8453 • FAX 314-863-0296 • TDD 314-290-8435

APPLICATION FOR CONCEPTUAL REVIEW* BY PLAN COMMISSION/ ARCHITECTURAL REVIEW BOARD

- All applicable sections of this application must be complete and consistent with submitted materials. The application, plans, and \$135 fee (includes non-refundable \$35 processing fee) must be submitted at least 14 days prior to the meeting date (refer to the meeting schedule)
- Submit 11 plans sets (11" x 17") to include site plan, architectural and contextual elevations, floor plans, color rendering, photos of existing property & a project narrative. A digital copy (in pdf format) of the entire submittal must also be submitted (via e-mail to akrane@claytonmo.gov or on a flash drive)

(type or print)

Address of Project: _____

Description of Project: _____

PARTIES IN INTEREST

The full legal name of each party listed below (partnership, corporation, etc.) is required

Property Owner(s) : _____

Contact Person's Name: _____

Complete Address (include zip code): _____

Phone Number (include area code) & E-Mail Address: _____

Applicant (if other than owner): _____

Contact Person's Name: _____

Complete Address (include zip code): _____

Phone Number (include area code) & E-Mail Address: _____

Applicant's Interest in Project (i.e. architect, contractor, etc.): _____

Name of Owner's Agent– (if different than above): _____

Complete Address (include zip code): _____

Phone Number (include area code) & E-Mail Address: _____

Name of Architect: _____

Complete Address (include zip code): _____

Phone Number (include area code) & E-Mail Address: _____

PROJECT DESCRIPTION

Current Use of Site: _____

Proposed Use of Site: _____

Estimated Cost of Project/Construction: \$ _____

PROPOSED PROJECT

Briefly describe the project and intended use: _____

Project Type: Residential _____ Commercial _____ Mixed-Use _____

Is the intended use: Permitted _____ Conditional _____

Will there be any dwelling units in the project? Yes _____ No _____

If yes, number of units: _____

SITE DEVELOPMENT

Total Square Footage of Site: _____ Total Square Footage of Building(s): _____

Floor Area Ratio (FAR) [for commercial or mixed-use project] _____

Total Lot Impervious Coverage Percentage—Existing: _____ Proposed: _____

Total height of new structure (measured from average existing grade to the mean elevation of the pitched roof, or to the top of a flat roof: _____

Number of Floors/Stories: _____

Describe Storm water Mitigation: _____

Storm water Differential Runoff Calculations—Existing: _____ CFS

Proposed: _____ CFS Differential Runoff: _____ CFS

Total Number of Proposed Off-Street Parking Spaces: _____

Location of Proposed Parking: _____

Describe any amenities to be provided: _____

Provide a tabulation/breakdown of the total square footage of the site and what percentage and amount of square footage will be reserved for commercial space, residential, off-street parking, open spaces, parks, etc.

<u>Intended Use:</u>	<u>Square Footage</u>	<u>Percentage</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Give a statement showing the relationship of the proposed Planned Unit Development to applicable recommendation of the Master Plan. If there is no relationship to the Master Plan, please give justification for the variance:

Give a statement showing how the proposed Planned Unit Development (PUD) differs from the zoning ordinance requirements:

Explain why this difference from the zoning ordinance is necessary for the project to proceed:

What aspects of this project make it unusual and desirable enough for the City to allow the variation from the zoning ordinance:

What, if any, public benefit is the developer willing to provide the City? (Refer to Section 405.1380 of the Zoning Code).

PUBLIC ART (if applicable)

Description: _____

Location on Property: _____

Material: _____ Dimensions: _____

ARCHITECTURAL ELEMENTS

Primary Exterior Wall Material: _____

Accent Exterior Wall Material(s): _____

Percentage of Glazing material per elevation: north elevation _____ % south elevation
_____ % east elevation _____ % west elevation _____ %

Roofing - Material: _____ **Color:** _____

Windows - Style: _____ **Color:** _____

Lighting - Locations: _____ Type: _____ Wattage: _____

Garage - Attached/Detached (circle one) At grade/Below Grade (circle one)

Rear entry/Side entry/Front entry (circle one) Vehicle capacity _____

Garage Doors: Number, Style & Color: _____

Type and Location of Accessory Building(s): _____

Trash Enclosure

Location: _____ Size (Ft²): _____ Screening Material: _____

HVAC Units

Location: _____ Screening Material: _____

Permanent Fences: Height _____ Material _____

Retaining Walls: Height _____ Material _____

SIGNATURES (FULL LEGAL NAME IS REQUIRED)

Signature of Property Owner (Required): _____

Print name: _____

Date: _____ Title: _____

Signature of Applicant (Required): _____

Print Name: _____

Date: _____ Title: _____

***NOTHING THAT IS STATED DURING A CONCEPTUAL REVIEW PROCESS BY EITHER PARTY (CITY OR APPLICANT/APPLICANT'S REPRESENTATIVE) IS BINDING. PROPOSAL/PROJECT MAY CHANGE UPON FORMAL SUBMITTAL.**