

**TO THE CITY COUNCIL OF THE CITY OF JENNINGS
STATE OF MISSOURI
APPLICATION FOR CONDITIONAL USE PERMIT**

Date _____

**\$75.00 FEE to be paid with
application**

Now come _____ and _____
and state(s) and show(s) to the City Council they (he/she) are (is) the owner(s), potential owner(s) or potential
lessee (*see below) of _____
certain tract(s) of real estate located in the City of Jennings, State of Missouri, more particularly described as
follows: to wit:

1. Description of property from deed (may be shown on separate sheet if too long) _____

B. Location sketch, drawn to scale to 100 feet or less to the inch of property showing nearest street intersection, depth and width of property and north point. Outline portion of which Conditional Use Permit is requested.

3. Your application further states that the property herein above described has been zoned as the _____ Zoning District and that the deed restrictions for the property do not prohibit the use(s) which would be authorized by said Conditional Use Permit.

4. That the property is presently being used for _____
(type business or use)
_____ and that it is desired to use the property for _____
(type business or use) _____
If business use will be a beauty salon, nail salon or barber shop, please indicate the number of chairs _____.

5. Your application further states that the following factors justify the request:

The applicant further states that any building or structure constructed, erected or used pursuant to the purpose for which this Conditional Use Permit is desired, will not be unsightly, grotesque or unsuitable with compared to surrounding buildings and will not be detrimental to the stability of values of surrounding property and will conform in general to said surrounding property.

The applicant further states that he can (cannot) comply with all the requirements of the City Council and Chapter 38, City of Jennings Zoning Ordinance, including setback requirements and off-street parking requirements.

WHEREFORE, the applicant requests an order of the City Council for a Conditional Use Permit for

at the property herein above described.

Please check the classification of your business: Sole Proprietorship ____ Partnership ____
Corporation ____ Not-for-Profit Corp. ____

(Copy of State of Missouri Certificate of Corporation, Partnership, Sole Proprietorship or Not-for Profit Corporation required)

Signature of Applicant
Address _____
City _____
State _____ Zip _____
Phone No. _____

Signature of Applicant
Address _____
City _____
State _____ Zip _____
Phone No. _____

I/we hereby certify that I/we am (are) the current owner(s) of record, as shown in the Office of the St. Louis Recorder of Deeds, of the herein above described property and that all information given therein to be true and a statement of fact.

Signature of Owner
Address _____
City _____
State _____ Zip _____

Signature of Owner
Address _____
City _____
State _____ Zip _____

****Owner's signature must be Notarized**

State of Missouri
County of _____

On this _____ day of _____, 20____, _____,
_____ personally appeared before me
_____ who is personally known to, or
_____ whose identity I proved on the basis of _____
to be the signer of the above instrument, and they acknowledged that they signed it.

SEAL

Notary Public
My Commission expires _____

Received by: _____ Fee Paid: _____

C:\Documents and Settings\Compaq_Owner\My Documents\Web site\BldgDept\Conditional Use Permit Application.doc