



TRANSFER OF CONDITIONAL USE PERMIT APPLICATION

Date \_\_\_\_\_

NAICS CODE \_\_\_\_\_

Now come(s) \_\_\_\_\_ 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:

- 1. Description of property from deed (may be shown on separate sheet if too long)
2. Location sketch, drawn to scale to 100 feet (100') 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 when compared to surrounding buildings. Also it 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/she 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

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print of Applicant

Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone No. \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Print of Owner

\_\_\_\_\_  
Print of Owner

Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone No. \_\_\_\_\_

Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone No. \_\_\_\_\_

**\*\*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 be the signer of the above instrument, and they acknowledged that they signed it.

SEAL

\_\_\_\_\_  
Notary Public  
My Commission expires \_\_\_\_\_

Received by: \_\_\_\_\_

Fee Paid: \_\_\_\_\_