

City of St. Joseph

1100 FREDERICK AVENUE
Planning & C.D. Department
Planning & Zoning Division

ST. JOSEPH, MISSOURI 64501-2346
Telephone (816) 271-4648
Telefax (816) 271-4676

APPLICATION FOR APPROVAL OF CONDITIONAL USE PERMIT

For a LARGE DAY CARE* or DAY NURSERY*

Non-Refundable Filing Fee Must be Attached: \$160.00

- **Street address of the Property:** _____
- **Legal Description of the Property (unless lot and block, legal description must be submitted digitally as well as written or typed)** _____

- **Parcel No.:** _____
- On a separate sheet of paper, fully describe the activity for which you are applying for a conditional use permit. Include proposed hours of operation, expected traffic volumes, staffing levels, parking availability and any other information that would be helpful. Please do not exceed one sheet of paper. This information will be included in a letter that will be sent to all property owners within 185 feet of your property.

THE UNDERSIGNED HEREBY APPLIES FOR THE APPROVAL OF SAID CONDITIONAL USE PERMIT.

With the signing and submittal of this application, the property owner authorizes the City of St. Joseph to enter onto the subject property to collect data and other information in order to accurately prepare reports or other documentation for review by the City Council, City boards & commissions, and City departments.

- **Signature of Applicant:** _____
Print or type name: _____
Address of applicant: _____
Telephone number of applicant: _____
- **Signature of property owner or his/her legal representative:** _____
Print or type name: _____
Address of property owner or his/her legal representative: _____
Telephone number of property owner or his/her legal representative: _____

Items to be submitted with application:

1. This completed application -- all sections must be completed or application will be deemed invalid.
2. \$160.00 non-refundable filing fee.
3. One separate sheet of paper explaining intended use of property.
4. Materials required on checklist (see back).

*Definitions:

Large Day Care: 5-10 children younger than 16; applicant must be licensed by State of Missouri

Day Nursery: Care for more than 10 children during the day time.

To be completed by City staff only:

Current zoning of property: _____

Date application recvd: _____

Date filing fee recvd: _____

Staff initial: _____

**Application Check List for Conditional Use Permits
For Large Day Care or Day Nursery
(This is not a general daycare operation application)**

The following information must be submitted prior to the application deadline. Otherwise, the application will be deemed incomplete and may result in unnecessary delays: (Please ✓ when complete)

- ___ 1. If legal description of the property is not lot and block, please provide a digital copy (preferably e-mailed to the City Planner).

A sketch or drawing showing the following:

- ___ 2. The location of proposed area where children will be dropped off and picked up.
___ 3. The location, access and other dimensions of proposed off-street parking facilities and the number and configuration of off-street parking spaces to be provided.
___ 4. The location, dimensions and materials of sidewalks, driveways and other impervious surfaces.
___ 5. The location and intensity of illumination of any illuminated areas.
___ 6. The lot size in square feet and the dimensions thereof.
___ 7. Any areas proposed for outdoor play area and storage areas for play equipment,
___ 8. Such additional information as the city planner may deem pertinent and essential to the application.
___ 9. Request for Child Abuse or Neglect/Criminal Record will be provided by the City. The applicant is required to provide the City with the completed form within 30 days after the application is submitted.

Please note that this process can take up to 100 days.

**Also, make sure you contact 271-5341 for information on
City-required inspections and certificate of occupancy.**