



## CONDITIONAL USE PERMIT APPLICATION

City of St. Joseph, Missouri | Planning & Zoning  
 1100 Frederick Avenue, Room 107  
 Planning & Zoning Division | (816) 271-4648 | [planning@stjosephmo.gov](mailto:planning@stjosephmo.gov)

All submittals for Conditional Use Permits must comply with Sec. 31-070 of the City’s Code of Ordinances, located online at [stjosephmo.gov](http://stjosephmo.gov) **The following must be included with every application:**

1. Completed Application
2. Application Fee (**\$1,110 or \$160 per Sec. 31-075**) due at the time of submission. This fee is nonrefundable
3. **Materials required on checklist (see Page 2 of 2)**
4. Printed names and signatures must be legible and match the relevant section

**THE UNDERSIGNED HEREBY APPLIES FOR THE APPROVAL OF A CONDITIONAL USE PERMIT BY THE PLANNING COMMISSION.** 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 and commissions, and City departments.

This application contains 4 sections, A, B, C, and D. **ALL** are required. Mark N/A in sections not used.

### **THE CITY OF ST. JOSEPH WILL NOT ACCEPT INCOMPLETE APPLICATIONS.**

#### **A. PROPERTY OWNER INFO**

1. a. **Printed Name:** \_\_\_\_\_  
 b. **Business Name:** \_\_\_\_\_
2. **Primary Contact:**     Yes     No    *(only 1 primary contact is allowed. If Yes, we will contact you for payment, notifications, and/or questions. If No, someone MUST fill out Section C)*
3. **Mailing Address:** \_\_\_\_\_
4. a. **Phone** (    ) \_\_\_\_\_    b. **Email\*** \_\_\_\_\_
5. a. **Signature** \_\_\_\_\_    b. **Date** \_\_\_\_\_

#### **B. PROPOSED CONDITIONAL USE PERMIT LOCATION**

1. **Street Address:** \_\_\_\_\_
2. **Requested Use:** \_\_\_\_\_
3. **Brief Description of Request:** \_\_\_\_\_  
 \_\_\_\_\_

#### **C. PRIMARY CONTACT/AGENT** *(Only fill out if the answer to A.2. is NO, otherwise mark N/A)*

**THIS IS WHO WE WILL CONTACT FOR PAYMENT, NOTIFICATIONS, AND/OR OR QUESTIONS.**

**A VALID MAILING ADDRESS AND VALID EMAIL ADDRESS ARE BOTH REQUIRED.**

1. a. **Printed Name:** \_\_\_\_\_  
 b. **Business Name:** \_\_\_\_\_
2. **Mailing Address:** \_\_\_\_\_
3. a. **Phone** (    ) \_\_\_\_\_    b. **Email\*** \_\_\_\_\_
4. a. **Signature** \_\_\_\_\_    b. **Date** \_\_\_\_\_

\* Please be aware that the City of St. Joseph will send all notices via email unless otherwise specified.

**All applications for a conditional use permit must include the following to be considered complete:**

- Completed application
- Submitted application fee
- Letter from owner stating the purpose of the request (in more detail than in Section B.3.)
- Site & landscape plans with the following information:
  - Word Document with complete metes and bounds legal description of property.
  - The location, dimension, material, and configuration of all buildings, structures, and other improvements.
  - Location, access, and other dimensions of proposed off-street parking and loading facilities and the number and configuration of spaces to be provided.
  - Location, dimensions, and materials of sidewalks, driveways, and other impervious surfaces.
  - Landscaping plan, including existing and proposed landscaping on both the subject property and adjacent public areas, and including installing schedule.
  - Location of all utilities, including electric lines, storm drainage, sanitary sewers, and water service.
  - Location and extent of required setbacks and yards.
  - Elevation of all buildings and structures to depict height.
  - Lot size in square feet and dimensions thereof.
  - Any areas proposed for outdoor storage, refuse collection, exterior mechanical equipment, exterior communication devices, and utility apparatus.
  - Land uses surrounding lot(s) for which site plan is located.
  - Zoning on the lots and parcels surrounding.
  - Telecommunications Facility** applications shall also include all information per **Sec. 31-306**.
  - Additional information as the City Planner may deem pertinent and essential to the application.

**D. ATTENDANCE AND FEE NOTICE**

**YOUR ATTENDANCE IS REQUIRED AT THE PLANNING COMMISSION AND CITY COUNCIL MEETINGS FOR THIS APPLICATION. FAILURE TO ATTEND THESE MEETINGS MAY RESULT IN UNECESSARY DELAYS TO YOUR APPLICATION.**

Planning Commission meeting date, time, and location can be found online at [stjosephmo.gov](http://stjosephmo.gov), or by contacting the **Planning & Zoning Department** at **(816)-271-4827**

City Council meeting dates, times, and locations can be found online at [stjosephmo.gov](http://stjosephmo.gov), or by contacting the **City Clerk's Office** at **(816)-271-4730**

I have included the required information with this application. I have read the notice above, and understand my attendance is required at public hearings. I understand that by submitting this application, I am including a **NON-REFUNDABLE** application fee. If I choose to rescind this application at any time after it is processed by the City, my application fee will not be refunded, pursuant to Sec. 31-075.

Primary Contact Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section to be completed by the City**

Application ID: | \_\_\_\_\_ |      Zoning Code Provision: | \_\_\_\_\_ |

Date Application Received: | \_\_\_\_\_ |      Date Fee Received: | \_\_\_\_\_ |

Total Fee: | \_\_\_\_\_ |     Large day care/day nursery: **Fee \$160**     All other Conditional Uses: **Fee \$1,110**