

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 particular	ly 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)

Signa	ture of Applicant		Signature of Applicant		
Print	of Applicant		Prin	t of Applicant	
Address			Address		
City					
State	Zip		State	Zip	
Phone No.			Phone No		
statement of fact.			·	nformation given therein to be true and a	
Signa	ture of Owner		Sign	ature of Owner	
Print	of Owner		Prin	t of Owner	
Address			Address		
City					
State	Zip		State	Zip	
Phone No.			Phone No.		
	** Own	er's signature	e must be nota	urized**	
State of Missouri County of					
On this d	lay of	, 20,		, personally o is personally known to be the signer of	
appeared before me_	1.1 1 1	1 1.11	who	is personally known to be the signer of	
the above instrument	, and they acknowle	edged that they s	signed it.		
SEAL					
		Not	ary Public		
			~	pires	

Received by:_____

Fee Paid:_____