

CITY OF FREDERICKTOWN  
APPLICATION FOR SPECIAL USE PERMIT

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FOR CITY USE ONLY

Date Application Filed \_\_\_\_\_

Date Filed with Planning & Zoning \_\_\_\_\_

Date Notices mailed to adjoining Property Owners \_\_\_\_\_

Planning and Zoning Recommendation \_\_\_\_\_

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Date referred to Council \_\_\_\_\_

Action Taken by

Council \_\_\_\_\_

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Instruction to applicant: Complete all sections, and provide as much information as possible. Fasten all attachments to Page 3. Return to the City Clerk, at the above address, along with a \$100.00 filing fee.

1. Name, address and phone number of the person who is handling the application:

\_\_\_\_\_  
\_\_\_\_\_

2. Street address of the property where special use will be located (or other location description)

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3. Names and addresses of all legal owners of \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4. Present Zoning Classification of that property \_\_\_\_\_

5. Type of Business and description of the business to be located at the above address \_\_\_\_\_

6. Name & Address of Property Owner if Different than above person-making request:

7. Names and Addresses of Property Owners within 180 feet in each direction: Provide self-addressed envelopes for all parties.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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8 Legal description of tract or tracts to be considered for Special Use Permit (Identify as Attachment 1. if Necessary)

9. Attach a scale plat of the tract or tracts, showing the following: (Identify as attachment 2)  
All boundary dimensions, all adjoining streets and alleys, All present improvements, All intended improvements, All adjoining and current cornering property lines and references to all owners listed in Section C. Zoning classification of all adjoining and cornering property

10. Is the transfer of ownership of this tract dependent upon the granting of this Special use Permit?

Yes \_\_\_\_\_ No \_\_\_\_\_

11. Has there been a prior application to rezone or a Special Use Permit for this tract? If so, give the date and state the prior action taken

Yes \_\_\_\_\_ No \_\_\_\_\_ Date \_\_\_\_\_ Result of Action: Approved/Denied

12. State the reasons why you believe the requested Special Use Permit will be beneficial to the neighborhood and the City of Fredericktown

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I state that all the information contained in this application is true to the best of my knowledge/

\_\_\_\_\_ Owner/Applicant

\_\_\_\_\_ Owner/Applicant

\_\_\_\_\_ Owner/ Applicant

Additional comments or Exhibits: