	Application Date:
	Permit No.:
\$500.00	Fee:

-- LIMITED DEVELOPMENT PLAN APPLICATION --

The Limited Development Plan application constitutes a petition for amending the applicable zoning regulations as set forth in **Section 405.465**. The Limited Development Plan and any accompanying documents shall be submitted and shall be accompanied by all general application requirements, including review and processing fees as set forth in **Section 400.120**.

Description Applicant Address Addres	all general application requirements, inclu	ding review and processin	g fees as set forth in	Section 400.120.	
Address of Property () Phone Number Phone Number Address Mailing Address (!f different than above) Address City State Zip Code () State Zip Code () Eax Number Fax Number	Information Concerning Applicar	<u>nt:</u> Applicant hereby submits t	he following information	concerning the proposed site	:
Address of Property City State Zip Code	Business Name:				
City State Zip Code					
Mailing Address (If different than above) Address	Address of Propert	y	City	State	Zip Code
Address	())			
Address City State Zip Code	Phone Number				
City State Zip Code		Mailing Address (I	f different than above)		
City State Zip Code	Address		City	State	Zip Code
Name of Business Owner and/or Name and title of Company Officer for above business: Name)			r
Name Address City State Zip Code () Phone Number Fax Number Email Address Name of Property Owner: Address City State Zip Code () Phone Number Fax Number Email Address Name of Architect and/or Engineer: (If Applicable) Name Phone Number Lot locator number: Current Zoning: Proposed Zoning: What are the proposed business hours of operation? Mon – Fri:a.m./p.m. toa.m./p.m. & Sat & Sun:a.m./p.m. toa.m./p.m. Will product be sold which is subject to retail sales tax? Yes No Date Maximum number of employees and maximum per any one-shift Current signage structure will be used with new business name or will new signage to be installed Outside storage proposed? Yes No If yes, enclosed or not enclosed	Phone Number	Fax Number		Email Address	1
Address City State Zip Code (Name of Business Owner and/or Name	ame and title of Comp	oany Officer for a	above business:	
Address City State Zip Code (
City State Zip Code	Name	-		Title	
City State Zip Code					
Name of Property Owner: Address City State Zip Code () Phone Number Fax Number Fax Number Email Address Name of Architect and/or Engineer: (If Applicable) Name Proposed Zoning: Proposed Zoning: What are the proposed business hours of operation? Mon – Fri:a.m./p.m. toa.m./p.m. & Sat & Sun:a.m./p.m. toa.m./p.m. Will product be sold which is subject to retail sales tax? Yes No Date business plans/proposes to begin operation in The City of Green Park: Maximum number of employees and maximum per any one-shift Current signage structure will be used with new business name or will new signage to be installed Outside storage proposed? Yes No If yes, enclosed or not enclosed	Address		City	State	Zip Code
Name of Property Owner: Address City State Zip Code () Phone Number Fax Number Fax Number Email Address Name of Architect and/or Engineer: (If Applicable) Name Phone Number Lot locator number: Current Zoning: Proposed Zoning: What are the proposed business hours of operation? Mon – Fri:a.m./p.m. toa.m./p.m. & Sat & Sun:a.m./p.m. toa.m./p.m. Will product be sold which is subject to retail sales tax? Yes No Date business plans/proposes to begin operation in The City of Green Park: Maximum number of employees and maximum per any one-shift Current signage structure will be used with new business name or will new signage to be installed Outside storage proposed? Yes No If yes, enclosed or not enclosed	())			
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Phone Number Fax Number Email Address	Name of Property Owner:				
Phone Number Fax Number Email Address					
Phone Number Fax Number Email Address	Address		City	State	Zip Code
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Maximum number of employees and maximum per any one-shift Current signage structure will be used with new business name or will new signage to be installed Outside storage proposed? Yes No If yes, enclosed or not enclosed	Will product be sold which is subje	ect to retail sales tax?	Yes 🗌 No		
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Current signage structure will be used with new business name or will new signage to be installed Outside storage proposed? Yes No If yes, enclosed or not enclosed	Date business plans, proposes to beg	5m operation in The C	only of Green run		
Outside storage proposed? Yes No If yes, enclosed or not enclosed	Maximum number of employees	and maximum	per any one-shif	ft	
Outside storage proposed? Yes No If yes, enclosed or not enclosed	Current signage structure will be us	sed with new business	name or wil	ll new signage to be	installed [
	_	_			_
Does business have any fleet vehicles? Yes No If yes, how many	-	•			

Will proposed vehicles be parked on site during non-busing	ness hours? Yes \[\] No \[\] & Inside \[\] or Outside \[\]				
Total Number of parking spaces, not including handicap:	Total Number of handicap:				
Define expected Parking needs:					
Approximate Gross Floor Area square feet and (Attached additional sheets if more space is needed)	a breakdown of how floor space will be used.				
The applicant shall initially submit three (3) copies of the foll	lowing information:				
☐ A detailed description of the proposed use for the property.					
☐ A description of the types of products to be sold or services to be provided.					
☐ A description of any other existing uses and/or tenants on the	he property (if applicable).				
☐ A description of the uses of adjacent (all properties that abu	ut the property) properties.				
☐ Details of any proposed improvements to the property.					
A sketch plan of the site (may be hand drawn) showing apparrangements as well as any proposed landscaping or exterior					
The applicant shall initially also submit three (3) copies of the					
☐ Any State or St. Louis County licensing requirements for the	ne proposed use (attach copies of all licenses).				
A written statement explaining the need for a change in the applicants proposed use. The statement shall address the poon the surrounding properties and uses.					
To facilitate review by the City, the Applicant may also submi	t, but is not required to: (Check all that have been included)				
Statements of other tenants consent: If the property contain with letters from the other tenants supporting the application	as more than one tenant, the applicant may provide the City				
After initial review and at such time as determined by Ci copies of documents for Planning & Zoning Commission					
Representation Concerning Authority & Compliance	with Laws:				
I am authorized by the Applicant(s) to sign on his/her/entirety. The information contained herein is true, and coinformation, information and belief.					
Applicant hereby represents that the business conducte ordinance of the City of Green Park and now complies an State of Missouri. Applicant acknowledges that failure to comply with all laws may result in revocation of this permanent.	nd will continue to comply fully with the laws of the o truthfully complete this application or failure to				
Signature of Principal Officer	 Date				

Verification by Owner and Tenant(s):				
verification by Owner and Tenanus).				
the Owner must verify that the Owner has read th	property owned by a person or entity other than the tenant, the application and consents to its review and possible application only, tenants need not sign the application.			
The undersigned herby acknowledges that she	e or he has read the application, understands that it seeks a			
	mission to the City for review and possible approval.			
Signature of Property Owner	Title			
Print Name	Date			
Signature of Tenant	Title			
Signature of Tenant	Title			
Print Name	Date			
If more than one tenant is applying, attach all tenants				
If more than one tenant is appropriag, anden an tenants	signatures on a separate succe.			
Cit	ty Use Only			
Planning & Zoning Commission:	<u> </u>			
<u> </u>				
Limited Development Plan – Recommendati				
☐ Approval ☐ Conditional Approval (see attachment) ☐ Disapproval				
Comments:				
Board of Aldermen:				
Limited Development Plan:	Date:			
Dill. Ordinance				
Bill: Ordinance: Comments:	Approved Disapproved			
Comments:				