

CITY OF NEW MELLE  
State of Missouri  
145 Almeling St., PO Box 114  
New Melle, MO 63365  
Phone 636-828-4807 Fax 636-828-4809

**PLANNING AND ZONING COMMISSION  
BOARD OF ALDERMEN  
CONDITIONAL USE PERMIT APPLICATION**

APPLICANT:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Phone)

LOCATION OF PROPERTY/DEVELOPMENT (ADDRESS/NAME): \_\_\_\_\_

\_\_\_\_\_

OWNER(s) (attach additional)

Contract Purchaser/Developer

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name, Title

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City/State/Zip Code

\_\_\_\_\_  
City/State/Zip Code

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Fax

LEGAL DESCRIPTION OF PROPERTY (other than address) \_\_\_\_\_

\_\_\_\_\_

EXISTING ZONING: \_\_\_\_\_ PROPOSED ZONING: \_\_\_\_\_

PROPOSED USE: \_\_\_\_\_

APPLICATION FEE SUBMITTED: \_\_\_\_\_

SITE PLAN REVIEW FEE SUBMITTED: \_\_\_\_\_

*(Checks must be made payable to the City of New Melle)*

Include with application:

\_\_\_\_\_ A scaled map of such property, correlated with the legal description and clearly showing the property's location.

\_\_\_\_\_ The names and mailing addresses of property owners within an area determined by lines drawn parallel to and two hundred fifty (250) feet distance from the boundaries of the district proposed to be changed or as indicated below:

"R-1A"	250 feet	"I-1"	1,000 feet
"R-1B"	250 feet	"I-2"	1,000 feet
"CO"	500 feet	"AG"	1,000 feet
"C-1"	500 feet	"P-R"	1,000 feet
"C-2"	1,000 feet	"R-1C"	185 feet
"C-3"	1,000 feet	"R-1D"	185 feet

*Please Note:*

Prior to approval of a Building Permit, a Construction Site Plan must be reviewed and approved by the City Engineer/Building Official. In addition, the appropriate Fire Protection District will need to review and approve the development.

Any signage to be placed on the subject property requires a separate Sign Permit.

Any business occupying the site requires approval of a Business License.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner's Signature (additional below)

\_\_\_\_\_  
Date

Note: By affixing signatures to this application form, the Applicant and Owner hereby verify that; they have reviewed the applicable zoning regulations; they are familiar with the specific requirements relative to this application; and they take full responsibility for this application. The above signatures further indicate that the information provided on this form and on any additional data attached hereto is true, complete, and accurate.