



COMMUNITY DEVELOPMENT
PLANNING & ZONING
201 East Broadway
Excelsior Springs, MO 64024
Phone: (816) 630-0756
Fax: (816) 630-9572

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|---------------------------------------|
| FOR OFFICE USE ONLY |
| Fee: <u>1st time \$400</u> |
| <u>Renewal \$100</u> |
| <u>Home Occupation \$75</u> |
| Date Received: _____ |
| Public Notice Date: _____ |
| P&Z Hearing: _____ |
| Council: _____ |

Special Use Permit Application

Address of proposed Special Use: _____

Applicant Name (Please Print): _____

Applicant Address: _____

Phone Number: _____ **Email:** _____

Property Owner Name, Address & Phone (If different from applicant):

Applicant requests a Special Use Permit as allowed in Chapter 404 of Excelsior Springs Code. Please make sure to address the questions on the bottom of this application. Attach to this application the following: Describe nature and operation of the Special Use:

Current use of property: _____

- Please attach a copy of the owner's WARRANTY DEED or a TITLE REPORT with the complete and correct legal description for the subject property.

It is the applicant's responsibility to show that the use:

1. Is deemed necessary for the public convenience at that location;
2. Is so designed, located, and proposed to be operated so that the public health, safety, and welfare will be protected;
3. Will not cause substantial injury to the value of other property in the neighborhood in which it is located;
4. Will comply with the height and area regulations of the district in which it is located unless specifically granted otherwise.

Applicant Signature: _____

Date: _____