

CITY OF MARYVILLE, MISSOURI
PLANNING AND ZONING COMMISSION

APPLICATION FOR SPECIAL USE PERMIT

APPLICANT: _____

APPLICANT'S ADDRESS _____

TELEPHONE NO. (HOME) _____ (WORK) _____

Instructions: All information required must be furnished before the application can be accepted.

Attach a plot plan drawn to scale showing dimensions of the property, dimensions and locations of buildings and structures, street and driveway access, drives and off-street parking, public right-of-way and easements.

Attach a list (certified by a qualified abstractor or by the Nodaway County Assessor's Office) of names, legal description and mailing address of OWNERS of ALL property within 185 feet of the exterior limits of the property, exclusive of public right-of-ways.

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LOCATION OF PROPERTY: _____

LEGAL DESCRIPTION: _____

(Attach additional sheet, if necessary)

PRESENT OWNER: _____

PRESENT ZONING: _____

PROPOSED ZONING: _____

PRESENT USE: _____

PROPOSED SPECIAL USE _____

JUSTIFICATION FOR: PROPOSAL _____

LIST ANY SPECIAL CONDITIONS OF PROPOSED SPECIAL USE, (i.e., signs, stocks of goods, emission of smoke, dust, odor, fumes, glare, noise, vibration, electrical, or electronic disturbance, etc.) _____

FOR OFFICE USE ONLY:

Date Submitted: _____ Plot Plan Included: Yes No

Area of Request: _____ Filing Fee: \$ _____ Date Paid: _____

List of Adjoining Property Owners Included: Yes No

No. of Mailings: _____ Mailing Fee: \$ _____ Date Paid: _____

TOTAL FEE SUBMITTED (filing + mailing fees) = \$ _____

Application received by: _____ Date of Zoning Hearing: _____

Date Notice to Property Owners Mailed: _____

Date Local News Media Notified: _____

ACTION:

Planning and Zoning Commission: _____

Signature of Chairman _____ Date _____

Date of Legal Publication: _____

Date of City Council Meeting: _____

Action:

City Council: _____

Signature of Mayor _____ Date _____
