



Special Use Permit Application

Community Development Department
 Phone: (417) 732-3150
 Email: permits@republicmo.com

NOTICE: Fees for this application will be collected at the time of submission

Application Date:		Case No:		
Site Information		Site Address:		
		Legal Description:		
Legal Description <i>(office use only)</i>	PIN:	Lot Number:	Subdivision:	Zoning:
Legal Owner Information		Name:		
Address:		City:		State:
Email Address:		Phone Number:		Zip:
Project Interest:				
Owner Representative Information		Name:		
		Relation to Owner:		
Address:		City:		State:
Email Address:		Phone Number:		Zip:
Project Information		Use Requested:		
Summary of Applicant Request: _____				

By signing this application form, I hereby acknowledge that the information I have provided is complete and accurate to the best of my knowledge. Furthermore, I acknowledge my responsibility to conform to the applicable federal, state and local regulations pertaining to the project described by this application and attachments. I also understand that this application will expire within 180 days of the date of my signing, unless extended in writing by the Building Official.

Date: _____ Name (please print): _____ Signature: _____

OFFICE USE ONLY

Application Type: _____

Building Code Review

Comments: _____
_____ Date: _____

Zoning Code Review

Comments: _____
_____ Date: _____

Floodplain Review

Comments: _____
_____ Date: _____

Fire Code Review

Comments: _____
_____ Date: _____

Public Works Review—Utilities

Comments: _____
_____ Date: _____

Public Works Review—Transportation

Comments: _____
_____ Date: _____

Public Works Review—Stormwater

Comments: _____
_____ Date: _____

Approved

Denied

Meeting

Final Determination:

BOA _____

P&Z _____

Council 1st _____

Council 2nd _____

Reviewed by: _____ on _____