



# City of Ellisville

One Weis Avenue

Ellisville, MO 63011

(636) 227-9660 FAX: (636) 227-9486

## APPLICATION COVER SHEET

*(please type or print)*

**ALL APPLICABLE SECTIONS OF APPLICATION MUST BE COMPLETE  
AND CONSISTENT WITH SUBMITTED MATERIALS**

Property Address: \_\_\_\_\_

Project Description: \_\_\_\_\_

Project Name: \_\_\_\_\_

### **PART A: PARTIES IN INTEREST**

The full legal name of each party listed below (partnership, corporation, etc.) is required for review of the application(s). Having different individuals represent an Applicant at different meetings during the review process may result in unnecessary confusion and delay. Consequently, in the interest of promoting clarity, consistency, and expediency, the City requests all Applicants, at the time of filing their Application, to identify a primary or principal **APPLICANT** (either attorney or non-attorney; corporations should see Notice below) who can be expected to attend each of the meetings during the Petition review process.

**Notice to Applicants:** In matters which qualify as contested cases under Section 536.010(2) R.S.Mo. corporations may not be represented by non-attorneys when the Council sits as an administrative tribunal. Non-attorney representation in such matters may constitute the practice of law under Section 484.010 R.S.Mo. All Applicants are cautioned to consult with an attorney prior to undertaking non-attorney representation.

Name and Title of **APPLICANT**: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email \_\_\_\_\_

Name of Business Owner(s) - if different than above: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email \_\_\_\_\_

Name of Property Owner(s) - if different than above: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email \_\_\_\_\_

Name of Architect, Landscape Architect, Planner or Engineer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email \_\_\_\_\_

### **PART B: SITE DESCRIPTION**

Legal Address of Property: \_\_\_\_\_ : \_\_\_\_\_ Locator No.: \_\_\_\_\_

Lot No.: \_\_\_\_\_ Block No.: \_\_\_\_\_ Current Zoning: \_\_\_\_\_

Current Use of Site: \_\_\_\_\_

Proposed Use of Site: \_\_\_\_\_

**PART C: PART A: COST/BENEFIT DATA** (ALL INFORMATION PROVIDED WILL BECOME A MATTER OF PUBLIC RECORD)

| Description   | Quantity |          |
|---|----------|----------|
|   | Existing | Proposed |
| Property value:   |          |          |
| Property tax to the City:   |          |          |
| Property tax to the School District:  |          |          |
| Property tax to the Fire District:  |          |          |
| Adjacent property values:   |          |          |
| Retail sales tax generated:   |          |          |
| Maintenance cost to the City<br><br>(new street/trail/park maintenance, additional police services, trash/recycle service): |          |          |

|  |  |
|--|--|
| Type of business:  | # similar businesses already existing in the City: |
| Does the project compete with other existing uses in the City:                             | To what degree (qualitative and quantitative):     |
| Will project result in loss of retail sales tax revenue from other businesses in the City? | Project potential loss:                            |

**PART D: APPLICATIONS FILED** (Check the applications you will submit. A Letter addressed to the City must be submitted. The letter should completely describe who, what, why, where, when, etc.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Conditional Use Permit | <input type="checkbox"/> Rezoning                            | <input type="checkbox"/> Subdivision Plat         |
| <input type="checkbox"/> Site Plan              | <input type="checkbox"/> Text Amendment                      | <input type="checkbox"/> Lot Consolidation Plat   |
| <input type="checkbox"/> Architectural Review   | <input type="checkbox"/> Planned Development                 | <input type="checkbox"/> Boundary Adjustment Plat |
| <input type="checkbox"/> Other: _____           | <input type="checkbox"/> Variance to the Board of Adjustment | <input type="checkbox"/> Condominium Plat         |

**PART E: AUTHORIZATION (FULL LEGAL NAME IS REQUIRED)**

Signature of Applicant (Required): \_\_\_\_\_ Date: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ Title/Interest in Property: \_\_\_\_\_

Signature of Property Owner (Required): \_\_\_\_\_ Date: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ Title/Interest in Property: \_\_\_\_\_