



city

of

CREVE COEUR

PLANNING DIVISION

300 North New Ballas Road, Creve Coeur, Missouri 63141

Tel. (314) 872-2501 • Fax (314) 872-2505

PLANNING AND ZONING COMMISSION AGENDA APPLICATION SITE DEVELOPMENT PLAN

Select Project Type: Site Development Plan Site Concept Plan Minor Site Plan

Title of Project: _____

Location of Project: _____ Locator # _____

Subject for Agenda: _____

Applicant:

Architect _____ Engineer _____ Contractor _____ Agent _____ Owner _____

Applicant:	Applicant's Representative (if applicable):
Name _____	Name _____
Company (If Applicable) _____	Company (If Applicable) _____
Address _____	Address _____
Address _____	Address _____
Telephone # _____	Telephone # _____
Fax # _____	Fax # _____
Email: _____	Email: _____
_____ Applicant's Signature	_____ Applicant's Representative's Signature

Owner's Acknowledgement (if different from applicant):		
Name _____	Company (If Applicable) _____	
Address _____		
Phone _____	Fax _____	Email _____
_____ Applicant's Signature		

Description of Request (attach additional sheets as needed)

General Description: _____

Rationale

Please describe in detail, on an attached sheet, the reasons why you believe the request should be approved and what steps are being taken to lessen any impacts on surrounding residences and businesses. An explanation of the building and landscape designs (if changes are proposed) should also be included.

Submittal Checklist

- | | |
|---|--|
| <input type="checkbox"/> Rationale | <input type="checkbox"/> Building elevations for new construction |
| <input type="checkbox"/> Site plan 4 hard copies | <input type="checkbox"/> Photographs of existing structures |
| <input type="checkbox"/> Access and parking plan-4 hard copies; (may be shown on site plan) | <input type="checkbox"/> Materials samples for Commission review |
| <input type="checkbox"/> Landscape plan 4 hard copies | <input type="checkbox"/> Legal Description in Word format |
| <input type="checkbox"/> Floor plan 4 hard copies | <input type="checkbox"/> Fees: \$250 (non-refundable)
\$2000 (refundable deposit) |
| <input type="checkbox"/> Electronic copies of all materials | <input type="checkbox"/> Other items as requested by staff |

Preferred Public Hearing Date: Monday, _____, 20____.

****Confirm schedule and available meeting dates with Planning Division staff****

Office Use Only	
_____ All Sections Complete	Received By: _____
_____ All Documents, incl. e-Copies	_____
_____ Fees Paid	Date: _____