

# CITY OF HOLLISTER

## CONDITIONAL USE PERMIT APPLICATION

PO BOX 638  
HOLLISTER, MO 65673  
417-334-3262  
bldgofficial@cityofhollister.com

**Petitioner Information:**

Date: \_\_\_\_\_

Owner      Applicant

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

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

City/St/Zip: \_\_\_\_\_

Phone/Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**Action Requested**

The undersigned hereby petition the City of Hollister, Missouri, for a conditional use permit.  
The property is currently zoned \_\_\_\_\_.

**Proof of Ownership Submitted** \_\_\_\_\_

**Site Information:**

**Location of Property (provide address and general vicinity)**

\_\_\_\_\_

**Legal Description of Property and copy of plat**

\_\_\_\_\_

**Adjoining Zoning**        E          S          W          N  

**Present Use of Property**

\_\_\_\_\_

**Proposed Use of Property**

\_\_\_\_\_

**Comments**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby certify that all the information is true and accurate.

If the Conditional Use Permit is approved, work must begin within 180 days after approval.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Signature of Applicant (attorney, partner, agent, etc.)

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**For Office Use Only (400.180)**

Filed in the office of the City Clerk \$50.00 \_\_\_\_\_

Submitted copy to Planning Department (Building Official) \_\_\_\_\_

Post copy of Application on City bulletin board  
(10 days prior to Council meeting date) \_\_\_\_\_

Submit List of Conditional Use requests to Council  
at their regular meeting (prior to approval) \_\_\_\_\_

Application approved by Building Official or City Administrator \_\_\_\_\_