

CITY OF HOLLISTER SPECIAL USE PERMIT APPLICATION

PO BOX 638
HOLLISTER, MO 65673
417-337-9756
bldgofficial@cityofhollister.com

Petitioner Information:

Owner

Applicant

Date: _____

Name: _____

Mailing Address: _____

City/St/Zip: _____

Phone/Cell: _____

Email: _____

Action Requested:

The undersigned hereby petition the Board of Aldermen of the City of Hollister, Missouri, for a Special Use Permit.

The property is currently zoned _____.

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:

Names, Phone Numbers & Addresses of property owners within 200' of said premises.

Name	Address	Phone
CITY WILL PROVIDE LIST OF NAMES		

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

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

Signature of Owner

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

For Office Use Only:

- Filed in the office of the City Clerk \$75.00 _____
- Submitted to the Planning Commission _____
- Planning Commission Recommend to Council within 60 days _____
- Planning Commission Adverse Report _____
- Written protest to City Clerk _____
- Council meeting set for _____
- (15 day notice required to be published before meeting) _____
- Public meeting advertised on _____
- Property owners within 200' notified by regular mail _____

Notice of Special Use Permit Application

Notice is hereby given that the Board of Aldermen of the City of Hollister will consider a Special Use Permit on _____, 20____ at 7:00 P.M. at the Hollister City Hall, 312 Esplanade.

All interested persons will be given the opportunity to be heard on the following Special Use Permit matter:
(here is where you would insert what the proposed matter is).