City of Pleasant Hill

203 Paul Street, Pleasant Hill, MO 64080 816-540-3135 / Fax: 816-987-5141

Special Use Permit Application

Date: _____ Fee: $____**160.00**____

General Information:

Name: _____

Address: _____

Phone: _____ Cell/Pager: _____

Special Use Permit Information: **(Must be fully completed)**

1. Subject Location: _____
2. Current Zoning and Use of Property: _____
3. Proposed Use of Property: _____

_____

_____

_____

4. Duration Requested: _____
5. Submit map or sketch of the property.

FOR OFFICIAL USE ONLY

Public Hearing before Zoning Commission:
Date: _____ Action: _____

City Council:
Date: _____ Action: _____