



**APPLICATION
FOR AN ADMINISTRATIVE
SPECIAL LAND USE PERMIT
TRANSFER**
(SLUP Granted by Ord. # _____)

ALL APPLICABLE SECTIONS OF THIS APPLICATION MUST BE COMPLETE AND THE INFORMATION CONTAINED HEREIN MUST BE CONSISTENT WITH ALL MATERIALS, PLANS AND DRAWINGS SUBMITTED.
(Type: Fillable forms are available upon request to ejbradfield@hazelwoodmo.org)

DATE: _____

Now comes _____, the Applicant,
(Full Name of Party with Legal Interest (i.e.: Corp., Partnership, Proprietor, etc.)
and states they have the following legal interest in the tract of land, located in the City of Hazelwood, State of Missouri, as described below:

Check One: () Owner () Lessee () Other - Specify: _____

SITE ADDRESS: _____ **WARD #:** _____

LOCATOR #: _____ **ZONING:** _____

ACREAGE: _____ **PRESENT USE:** _____

PARTIES IN INTEREST:

A. Current Permit Holder: _____

Address: _____
Street No. & Name City State Zip

Phone #: (____) _____ E-Mail: _____

B. Applicant's Agent (Name/Title): _____
(i.e. Corp. Officer, Partner)

Address: _____
Street No. & Name City State Zip

Phone #: (____) _____ E-Mail: _____

C. Representative (Name/Title): _____
(i.e.: Architect, Engineer, Attorney)

Company Name: _____

Address: _____
Street No. & Name City State Zip

Phone #: (____) _____ E-Mail: _____

REQUEST:

The applicant requests a Special Land Use Permit transfer/amendment for the following reason(s) which have been deemed by the Public Works Director to be minor changes to the original permit and will not affect the intensity of use:

- Name Change New Ownership Amend Address
- Change in Operations Which Will Not Affect the Intensity of Use

Describe the change: _____

APPLICATION SUBMISSION REQUIREMENTS:

- Two Original Applications with Notarized Signature
 - Two Copies of a Document Proving Legal Interest (i.e.: Deed, Lease, Sales Contract)
 - Two Copies of Registration Certificate for Business names from Secretary of State.
- If Ownership Change -
- Signed Letter from the Current Special Land Use Permit Holder Relinquishing the Permit to the Applicant

I hereby certify all documentation provided by and on behalf of this application are, to the best of my knowledge, true and accurate. I have been provided with a copy of the Special Land Use Permit Ordinance and agree to abide by all the permit and City zoning regulations.

APPLICANT: _____

(Signature)

State of _____)
 County of _____)SS

_____ subscribed and sworn to before me this _____ day of _____, 20____.

Notary Seal:

 Notary Public Signature

=====
For Office Use Only:
 =====

Comments: _____

PUBLIC WORKS DIRECTOR, OR DESIGNEE: _____
 (Signature)