



16-22

PUBLIC WORKS DIVISION - 8425 AIRPORT ROAD - BERKELEY, MISSOURI 63134-2098 - (314) 524 3313 FAX (314) 264-2074

TYPE OF APPLICATION

(Please check all that apply) APPLICATION FEE \$350

<input type="checkbox"/> Preliminary (Plats)	<input checked="" type="checkbox"/> Special Use Permit
<input type="checkbox"/> Re-approval (Plats)	<input type="checkbox"/> Zoning Change
<input type="checkbox"/> Amending (Plats)	<input type="checkbox"/> Resubdivision/Reconsolidation
<input type="checkbox"/> Site Plan	<input type="checkbox"/> Business Name/Ownership Change
<input type="checkbox"/> Lot Consolidation	<input type="checkbox"/> Variance
<input type="checkbox"/> Street Name	<input type="checkbox"/> Other

REQUIREMENTS:

1. Prepare twenty (20) legible sets of drawings detailing interior & exterior of property.
2. Submit a completed application three (3) weeks prior to Planning meeting. (SEE attached Deadline & Meeting dates)
3. **DO NOT** destroy, tear down or remodel proposed business structure until 'FINAL' approval by City Council.
4. If you do not submit your application in a timely manner your request will be considered on the next meeting date.

APPLICANT(S) NAME(S) TDN NAGIN LLC

APPLICANT IS: OWNER AGENT PURCHASER OF CONTRACT LEASEE

APPLICANT(S) ADDRESS: STREET 9645 NATURAL BRIDGE RD

CITY BERKELEY STATE MO ZIP 63134 PHONE 314-890-9000 E-MAIL travelodgest1@gmail.com

PROPERTY DESCRIPTION AND STREET ADDRESS OR, IF NO STREET ADDRESS, THEN A GENERAL STREET LOCATION AND/OR

DESCRIPTION: 9645 NATURAL BRIDGE RD, BERKELEY, MO, 63134

PRESENT ZONING DISTRICT: C-2 PROPOSED ZONING DISTRICT (If applicable) N/A

THE PROPERTY HEREIN IS PRESENTLY BEING USED AS FOLLOWS: HOTEL/MOTEL

THE REQUEST IS TO USE IT FOR: (Overview/Nature of business, hours of operation etc.)

HOTEL/MOTEL, LODGING, 24 HOURS OF OPERATION

APPROXIMATE SIZE OF TRACT: _____ ACRES _____ SQUARE FEET _____

IF APPLICANT IS NOT OWNER: OWNER(S) NAME: NILESH PATEL

ADDRESS: STREET: 5307 BUNKUM RD CITY _____

STATE: _____ ZIP: _____ PHONE: _____ E-MAIL _____

I HAVE AUTHORITY TO ACT ON BEHALF OF THE OWNER BASED ON: _____

By signing this application the owner(s) and applicant(s) attest that all information and facts provided on this form and attachments are complete and accurate and that any omission or incorrect fact or information may invalidate any notice or subsequent action taken by the City of Berkeley Board of Adjustments, City of Berkeley Planning & Zoning Commission. (All applicants and owners shall sign the application. Attach additional name/address/signature/date pages as needed.)

APPLICANT(S) SIGNATURE NM Patel OWNER(S) SIGNATURE NM Patel

DATE 10/26/2016 DATE 10/26/2016

On this date, all items necessary for a technical review of the proposed Special Use Permit plan have been submitted and constitute a COMPLETE APPLICATION.

DATE PAID 10/31/16 Cash Check Money Order Debit Credit RECEIPT NO: 19772 CASE NO: 16-22

Received From: NILESCHAN PATEL
9645 NATURAL BRIDGE
Date: 10/31/2016 Time: 12:30:05 PM
Receipt: 19772 *** REPRINT ***
Cashier: WellsL

ITEM REFERENCE	AMOUNT
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OCCC COMMERCIAL OCCUPANCY PERMIT	
COMMERCIAL OCCUPANCY PERMIT	\$175.00
SUP SPECIAL USE PERMITS	
SPECIAL USE PERMITS	\$350.00
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TOTAL	\$525.00
CREDIT CARDS 0818	\$525.00
Total Tendered:	\$525.00
Change:	\$0.00