



Dec 5, cc -> Plan Dec 8
Jan 9, 2017 P.H.

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 checked="" type="checkbox"/> Zoning Change
<input type="checkbox"/> Amending (Plats)	<input type="checkbox"/> Resubdivision/Reconsolidation
<input type="checkbox"/> Site Plan	<input checked="" 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) Amar Family LLC / Younet Amar

APPLICANT IS: OWNER AGENT _____ PURCHASER OF CONTRACT _____ LEASEE

APPLICANT(S) ADDRESS: STREET 863 Hazel Valley Dr.

CITY Hazelwood STATE MO ZIP 63042 PHONE 313-367-8271 E-MAIL _____

PROPERTY DESCRIPTION AND STREET ADDRESS OR, IF NO STREET ADDRESS, THEN A GENERAL STREET LOCATION AND/OR DESCRIPTION: 8516 Airport Rd Berkeley MO 63134

PRESENT ZONING DISTRICT: _____ PROPOSED ZONING DISTRICT (If applicable) _____

THE PROPERTY HEREIN IS PRESENTLY BEING USED AS FOLLOWS: Convenience store / Lottery / Phone Cell

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

APPROXIMATE SIZE OF TRACT: _____ ACRES _____ SQUARE FEET 3000 sqft.

IF APPLICANT IS NOT OWNER: OWNER(S) NAME: _____

ADDRESS: STREET: _____ 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 _____ OWNER(S) SIGNATURE _____

DATE Nov 29, 2016 DATE _____

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 11/29/16 Cash Check Money Order Debit/Credit RECEIPT NO: 20194 CASE NO: 16-

DATE: 11/29/2016

RECEIPT #: 20194

RECEIVED OF: AMOR FAMILY

CASHIER: IrvinD

TOTAL RECEIVED: 525.00

COMMENTS:

	DESCRIPTION	AMOUNT
SUP	SPECIAL USE PERMITS	350.00
OCCC	COMMERCIAL OCCUPANCY PERMIT	175.00
	Tendered: Credit Card 9294	525.00

BERKELEY INSPECTIONS
 8425 AIRPORT RD
 SAINT LOUIS, MO. 63134
 314-524-3313

SALE

REF#: 00000002
 Batch #: 214
 11/29/16 12:40:27
 APPR CODE: 02961R
 Trace: 2
 DISCOVER Chip
 *****9294 **/**

AMOUNT \$525.00

APPROVED
 X _____
 ASAKER/BASHIR

Discover Credit
 AID: A000001523010
 TVR: 00 00 00 80 00
 TSI: E8 00

CARDHOLDER ACKNOWLEDGES RECEIPT OF GOODS
 AND/OR SERVICES IN THE AMOUNT OF THE
 TOTAL SHOWN HEREON

THANK YOU
 MERCHANT COPY

Signed: _____