

**Planning and Zoning Commission
Application Procedure**

The Planning and Zoning Commission meets on the first Tuesday of each month at 6 p.m. in the Board Chambers at City Hall, 1001 Schroeder Creek Blvd., please consult the schedule for exact dates, which can be found online at the City’s website: www.wentzvillemo.gov.

An applicant must complete and submit the following items to the Community Development Department by the scheduled submittal date in order to be placed on the next month’s agenda.

- **APPLICATION FORM**
All forms must be completed in full, including signature of property owners. An incomplete application will NOT be accepted. All designated spaces on the form must be appropriately filled in prior to the filing of the application.
- **DRAWING CHECKLIST**
Completed, signed and dated by the engineer for Site Plans, Preliminary Plats, Final Development Plans and/or Record Plats.
- **PROCESSING FEE**
A filing fee is required for each of the following, as applicable.

Rezoning	\$300
Conditional Use Permit	\$150
Site Plan Review	\$ 75
Preliminary Plat	\$ 50 - plus \$2.00 per lot/unit (not to exceed 200 lots)
Record Plat	\$ 50
Temporary Use	\$ 50
Planned Development	\$100
Final Development Plan	\$100

The City accepts, cash, check or credit card in the above amount, this is a non-refundable fee. If you are paying by check, please make the check payable to the City of Wentzville. If paying by credit card there is an additional 2% charge to your account.

- **DRAWINGS**
Show all required information as noted on attached checklists, per specified application(s).
 - Five folded sets of drawings (initial submittal), no larger than 24” x 36”
 - One copy of plan - 11” x 17” in size
 - Email the submittal information in .pdf format to christy.mouser@wentzvillemo.gov
- **VERIFICATION OF TAXES**
The City shall not accept or process any application that is delinquent on any City and/or County taxes until such time as all delinquent taxes are paid to the appropriate taxing authority, per Ordinance #2445, *please provide copy of the paid real estate tax receipt*. This can be done by calling St. Charles County Collector at (636) 949-7470 or emailing them at www.saintcharlescountycollector.org.

THESE ARE THE MINIMUM SUBMITTAL REQUIREMENTS NEEDED FOR REVIEW. FAILURE TO PROVIDE ALL INFORMATION WILL RESULT IN APPLICATIONS BEING RETURNED.

Planning and Zoning Application

DATE: _____ APPLICATION: _____

PROJECT ADDRESS: _____

PROJECT LOCATION: _____

ACTION REQUESTED

- Rezoning: From: _____ To: _____
- Conditional Use: Type: _____
- Site Plan Review _____
- Preliminary Subdivision/Plat Number of lots: _____
- Record Plat _____
- Planned Development: Type: _____
- Other: Type: _____

SITE DATA INFORMATION

- Attach location map
 - Attach legal description, boundary survey of property and/or plat
 - Property deed or Certificate of Title
- Area of site: _____ Present Zoning _____
- Adjoining Zoning: North _____ South _____ East _____ West _____

APPLICANT INFORMATION

Print Name	Signature	Email Address
Phone#:	Cell#:	Fax#:
Address	City	State Zip

Applicant Status: Corporation Partnership Individual

Relationship of Petitioner to Property:

- Owner Tenant Letter from owner authorizing action
- Other _____

I (We) hereby certify that:

- I (We) have legal interest in the described property
- I am (We are) the duly appointed agent(s) of the petitioner(s) and that all information given herein is true and a Statement of Fact.

Agent Name	Signature	Email Address
------------	-----------	---------------

Phone#:	Cell#:	Fax#:
---------	--------	-------

Address	City	State Zip
---------	------	--------------

Engineer Name	Signature	Email Address
---------------	-----------	---------------

Phone#:	Cell#:	Fax#:
---------	--------	-------

Address	City	State Zip
---------	------	--------------

PROPERTY OWNERS

Print Name	Signature	Email Address
------------	-----------	---------------

Phone#:	Cell#:	Fax#:
---------	--------	-------

Address	City	State Zip
---------	------	--------------

Print Name	Signature	Email Address
------------	-----------	---------------

Phone#:	Cell#:	Fax#:
---------	--------	-------

Address	City	State Zip
---------	------	--------------

FOR CITY USE ONLY

Date Received: _____	Total Received: \$ _____
Agenda Date: _____	Check #: _____
Signature: _____	Receipt #: _____