

**PLANNING REQUEST APPLICATION
CITY OF ST. CHARLES**

APPLICANT INFORMATION

NAME: _____ **PHONE:** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

REQUEST SUMMARY

Type of Request: Variance Conditional Use Permit
 Amendment Home Occupation Other

Description of Request: _____

Reason for Request: _____

PROPERTY INFORMATION

Address: _____

Legal Description: _____

Zoning District: _____

SUPPORTING MATERIAL

Please provide the following material(s) if checked:

<input type="checkbox"/> Site Plan	<input type="checkbox"/> Lot Survey	<input type="checkbox"/> Land Use Plan
<input type="checkbox"/> Garage Plan	<input type="checkbox"/> Preliminary Plat	<input type="checkbox"/> Home Occup. Summary
<input type="checkbox"/> House Plan	<input type="checkbox"/> Final Plat	<input type="checkbox"/> Cond. Use Summary
<input type="checkbox"/> Deck Plan	<input type="checkbox"/> Lot Size	<input type="checkbox"/> Parking Plan
<input type="checkbox"/> Structure Plan	<input type="checkbox"/> Setbacks	<input type="checkbox"/> Drainage Plan

Signature: _____

Date: _____ **Fee:** _____