



Department of Planning & Development
2348 S. Brentwood Blvd., Brentwood, MO 63144
314-962-4800/ Fax 314-962-5632
www.brentwoodmo.org

Permit #: _____

Date Issued: _____

APPLICATION FOR SPECIAL USE PERMIT
Permit application must be accompanied by owner approval.

Name of Applicant: _____

Address of Applicant: _____

Phone: _____ Emergency Phone: _____ E-Mail: _____

Purpose for which application is made: _____

Location Address: _____

Proposed starting date: _____ Number of days permit is required: _____

Applicant hereby agrees to comply with all the ordinances of the City of Brentwood and understands that this permit is subject to revocation for cause at the discretion of the Board of Alderman of the City of Brentwood. The applicant agrees to restore and replace any property disturbed or affected, and to conduct all activities in accordance with conditions imposed by the Board of Alderman to the permit which will be attached if this application is approved. Applicant understands this application is not a license to conduct the petitioned activity until approved by the Board of Alderman.

Company Name

Applicant's Signature

DO NOT WRITE BELOW THIS LINE

Approved by: _____

Excise Commissioner: _____

Zoning Administrator: _____

Ordinance No.: _____

Police Chief: _____

Building Official: _____

City License Office: _____

Approved by Board of Alderman: _____

Date

City Administrator: _____

Applicable Fee: _____