

# APPLICATION FORM

FOR CITY USE ONLY:

Application # \_\_\_\_\_

Filed on: \_\_\_\_\_



APPLICATION FOR AMENDMENT/MODIFICATION

PROJECT NAME: \_\_\_\_\_

LOCATION: \_\_\_\_\_ ORDINANCE #: \_\_\_\_\_

APPLICANT INFORMATION

Applicant Name	_____
Address	_____
Phone Number	_____
Fax Number	_____
E-Mail Address	_____
Legal Interest:	
Property Owner	
Owner Under Contract - Date of contract	___/___/20___ and expiration date ___/___/20___
Lessee	

REPRESENTATIVE

Authorized Agent (if different from Applicant)	_____
Address	_____
Phone Number	_____
Fax Number	_____
Email Address	_____

CERTIFICATION OF INFORMATION

The applicant certifies that:

- a. They have not made any arrangement to pay any Commission, gratuity or consideration, directly or indirectly, to any official, employee or appointee of the City of Maryland Heights with respect to the approval of this application.
- b. They have legal interest in the described property.
- c. All information given herein is true and a statement of fact.
- d. They have read and understand the public notification requirements.
- e. Authorization to Visit the Property: Site visits to the property by City representatives are essential to process this application. By signing below, the owner/applicant authorizes City representatives to visit and photograph the property described in this application.

Applicant Signature \_\_\_\_\_

State of Missouri) \_\_\_\_\_

County of \_\_\_\_\_)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ in the year 20\_\_\_\_.

Notary Public \_\_\_\_\_

My Commission Expires \_\_\_\_\_

OWNER

Owner of Record (if different from Applicant)	_____
If the applicant is not the property owner, the next page <u>must</u> be completed by the owner(s)	

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OWNER INFORMATION

Property Owner  
of Record\*

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

PROPERTY INFORMATION

Property Description  
(address of record or locator number)

CERTIFICATION OF INFORMATION

The owner certifies that:

- a. They have not made any arrangement to pay any Commission, gratuity or consideration, directly or indirectly, to any official, employee or appointee of the City of Maryland Heights with respect to the approval of this application.
- b. All information given herein is true and a statement of fact.
- c. Authorization to Visit the Property: Site visits to the property by City representatives are essential to process this application. By signing below, the owner authorizes City representatives to visit and photograph the property described in this application.
- d. The applicant has my/our consent to submit this application.

Owner Signature \_\_\_\_\_

State of Missouri) \_\_\_\_\_

County of \_\_\_\_\_)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ in the year 20\_\_\_\_.

Notary Public \_\_\_\_\_

My Commission Expires \_\_\_\_\_

\* If the site is under multiple ownership, all owners must complete a copy of this form.

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**PARTIES OF INTEREST**

LIST ALL PARTIES THAT WILL BE REPRESENTING THE APPLICANT ON THE PROJECT

PARTY OF INTEREST

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Project Role

- Attorney
- Site Engineer
- Surveyor
- Architect
- Real Estate Agent
- Planner
- Developer

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Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

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