



PROPERTY OWNER INFORMATION <input type="checkbox"/> CHECK IF POINT OF CONTACT FOR APPLICATION	COMPANY INFORMATION <input type="checkbox"/> CHECK IF POINT OF CONTACT FOR APPLICATION
Owner's Name	Company Name
Address	Address
City, State, Zip	City, State, Zip
Telephone	Telephone
Email	Email

SUBJECT PROPERTY INFORMATION	
Street Address	
Current Zoning District (including floodplain zoning)	
Locator/Parcel Number(s)	
Expected Opening Date	

Location verification requested for (check one):

- Self-storage facility
- Marijuana facility
 - Facility type: Enter facility type here
- Vehicle wash facility

The following items shall be submitted with this application:

1. A map showing the address of the site and compliance with the distance buffers.
 - a. Self-storage facilities and vehicle wash facilities shall be measured property line to property line.
 - b. Marijuana facilities shall be measured along the shortest path between the demarcation points that can be lawfully travelled by foot.
2. Filing fee - \$200 paid via check made payable to St. Louis County Department of Planning.

I (we) hereby certify, to the best of my (our) knowledge, that the above-named use complies with the minimum location requirements of Chapter 1003 St. Louis County Zoning Ordinance. I (we) certify that the information in this document and shown on the attached preliminary development plan fully describes my (our) complete request.

SIGNATURE:

(Please type or print name under signature):