

**TYPE OF APPLICATION**

(Please check all that apply)

INITIAL FEE \$350

<input type="checkbox"/> Preliminary (Plats)	<input type="checkbox"/> Special Use Permit
<input type="checkbox"/> Re-approval (Plats)	<input type="checkbox"/> Zoning Change
<input type="checkbox"/> Amending (Plats)	<input type="checkbox"/> Resubdivision/Reconsolidation
<input type="checkbox"/> Site Plan	<input checked="" type="checkbox"/> Business Name/Ownership Change
<input type="checkbox"/> Lot Consolidation	<input type="checkbox"/> Variance
<input type="checkbox"/> Street Name (New, Change)	<input type="checkbox"/> Liquor/Lottery/Financials (Money Grams/Order)
<input type="checkbox"/> Street Vacation	<input checked="" type="checkbox"/> Other

REQUIREMENTS:

1. Prepare twenty (20) legible sets of drawings detailing interior & exterior of property.
2. Submit a completed application three (3) weeks prior to Planning meeting. (SEE attached Deadline & Meeting dates)
3. **DO NOT** destroy, tear down or remodel proposed business structure until 'FINAL' approval by City Council.
4. If you do not submit your application in a timely manner your request will be considered on the next meeting date.

APPLICANT(S) LEGAL NAME(S) Halpy WhiteAPPLICANT IS (CHECK ONE): OWNER _____ AGENT _____ PURCHASER OF CONTRACT _____ TENANT ☒APPLICANT(S) ADDRESS: STREET 2525 Schuetz RdCITY Manlyland Heights STATE MO ZIP 63043 PHONE 314-787-5309 E-MAIL halpy.white@refresco.com**LOCATION OF PROPOSED USE**STREET ADDRESS: 7275 Hazelwood Ave, Berkeley, MO 63134PROPERTY DESCRIPTION: Warehouse

PRESENT ZONING DISTRICT: _____ PROPOSED ZONING DISTRICT (If applicable) _____

THE PROPERTY IS PRESENTLY BEING USED AS FOLLOWS: WarehouseTHE PROPERTY IS TO USE IT FOR: (Type of Business) Beverage WarehouseDAYS & HOURS OF OPERATION ETC. 24 HRS, 7 daysPROPOSED NAME OF BUSINESS: Refresco BeveragesAPPROXIMATE SIZE OF TRACT: ACRES _____ SQ FT OF SPACE (Under roof) 55,300 sq ftIF APPLICANT IS NOT OWNER: OWNER(S) NAME: Karl SchmitzADDRESS: STREET: 2525 Schuetz Rd CITY Manlyland HeightsSTATE: MO ZIP: 63043 PHONE: (314) 787-5548 E-MAIL Karl.Schmitz@refresco.comI HAVE AUTHORITY TO ACT ON BEHALF OF THE OWNER: Halpy

SIGNATURE

By signing this application the owner(s) and applicant(s) attest that all information and facts provided on this form and attachments are complete and accurate and that any omission or incorrect fact or information may invalidate any notice or subsequent action taken by the City of Berkeley Board of Adjustments, City of Berkeley Planning & Zoning Commission. (All applicants and owners shall sign the application. Attach additional name/address/signature/date pages as needed.)

APPLICANT(S) SIGNATURE HalpyOWNER(S) SIGNATURE Karl SchmitzDATE 2/27/19DATE 2/27/19

On this date _____, all items necessary for a technical review of the proposed special use permit plan have been submitted and
Constitute a COMPLETE APPLICATION. STAFF SIGNATURE: _____

DATE PAID 12/14/18 Cash ☒ Check ☐ Money Order ☐ Debit/Credit RECEIPT NO: _____ CASE NO: _____