

Special Use Request Information

Summary of Application Process

1. Contact the City Clerk or Building Inspector to obtain an application packet for a Special Use Request or one can be obtained from the City of Marshfield Website, www.marshfieldmo.gov
2. Please contact the Building Inspector so that he/she can hear the scope of your proposal. Contact information for the Building Inspector is located at the end of this application.
3. After hearing the scope of your proposal, the Building Inspector will assist in the completion of the Supporting Documentation Checklist contained in the packet, indicating which information you will need to complete before submitting the application.
4. Once the City Building Inspector has approved all of the appropriate information, you will need to provide 15 copies of the completed packet to the City Clerk or Building Inspector for distribution to the Planning and Zoning Commission, Board of Aldermen and City Staff along with the \$25 application fee.

The Planning and Zoning Commission may approve a Special Use, as listed in the City of Marshfield Municipal Code Sec. 410.140 in any district.

The Applicant shall submit all documentation to the Building Inspector a minimum of 10 days prior to a regular meeting of the Board of Aldermen and 25 days prior to any regular Commission meeting. The Board shall refer said application to the Planning and Zoning Commission.

The required Public Hearing will be held at the Planning and Zoning Commission Meeting. The City will provide the information and documentation for the Public hearing, however the posting of the property and the cost of publishing the Public Hearing Notice, will be the responsibility of the applicant. The public notice and postings requirements are defined in the City of Marshfield Municipal Code Sec. 430.090.

Once the public hearing is completed, the Planning and Zoning Commission will review any public comments, then by majority vote, either approve or reject the application for Special Use. It is recommended that the property owner or representative attend any meetings where his/her Special Use request is considered.

The decision of the Zoning Commission shall be final unless appealed to the Board of Aldermen of the City within fourteen (14) days of the date of the decision of the Zoning Commission.

Planning and Zoning Commission meet the Tuesday prior to the 2nd Board of Aldermen meeting of the month at 6:00 PM

Board of Aldermen meet the 2nd Thursday and the 4th Thursday of the month at 6:30 PM

City of Marshfield Planning and Zoning Amendment Request Form

Please choose the box that describes your project/request for the Planning and Zoning Commission or the Board of Aldermen.

Project Type and Application Fee:

- Annexation = \$150
- Conditional Use Permit = \$25
- Special Use = \$25
- Planned Community Unit Development = \$25
- Preliminary Plat Pre-Application
- Preliminary Plat
- Final Plat = Lessor of \$1.00 per lot or \$75.00. Minimum Fee of \$25
- Home Occupation = \$25
- Rezoning Request = \$25
- Other _____

Information:

Applicant's Name _____

Applicant Address _____

Phone/Fax/Mobile _____

Project Location _____

Existing Use _____

Proposed Use _____

Existing Zoning _____ Requested Zoning _____

Proposed name of subdivision _____

The following property owner agrees to pay application fees x _____

(Owner)

Legal Description of Property (May be attached)

Interested Parties:

Property Owners _____

Surveyors/Engineers _____

Consultants/Attorneys _____

Date/Time and Signature received at City _____

Supporting Documentation Checklist for Request

This document is to help you track your progress on the requested items by the Planning and Zoning Commission and/or Board of Aldermen. You should receive a checklist similar to this from the Building Inspector that has the required information marked in the corresponding box. Please contact the Building Inspector so that he/she can hear the scope of your proposal and send you a completed version of this checklist indicating the information you will need to provide for your project. Contact information for the City of Marshfield Building Inspector is located on the bottom of the next page.

Incomplete, inaccurate, or non-submittal of any of the above items may be grounds for rejection of the application, or denial of the request.

- A Project Site Map sheet which includes the following information (*more than one sheet may be used to include this information*):**
 - Total ownership area**
 - Accurate (to scale) map of the project area including its relationship to surrounding properties, existing topography, and key natural features**
 - Existing and workable proposed grades (contour lines at two foot contour interval minimum) and surface drainage. Supplement the contour lines with spot elevations along drainage swales where necessary. If the project is adjacent to an existing improved street, elevation of the top of curb, road, and sidewalk shall be indicated at 50 foot stations. If the street and/or sidewalk is not existing, proposed elevations shall be shown.**
 - Complete existing and proposed storm sewer, water and sanitary sewer information including pipe sizes, invert elevation of manhole, inlets, etc.**
 - Property lines, building sizes, locations and distance between both existing and proposed**
 - Location of all easements, existing or proposed**
 - Location, type and size of all existing trees, utility poles, fire hydrants and other structures, etc., both on-site and in all street terraces adjacent to the site**
 - Parking lot information:**
 - A scaled drawing plot plan of 1" = 20' or larger of all on-site surface, structure or underground parking**
 - Location of driveway approaches -- existing, proposed and adjoining rate of slope or grade or approaches and driveways**
 - Indicate number, arrangement and size of parking stalls and drive aisles**
 - Vehicular access to inner courts for emergency servicing of buildings**
 - Pedestrian walks connecting buildings, other buildings, and on-site parking areas and with public sidewalks. (Walks should be kept separate from drive aisles and driveways.)**
 - Underground electric and telephone service**
 - Building/dwelling unit information:**
 - Number of buildings per parcel**
 - Number of dwelling units per building**
 - Average square feet of lot area per dwelling unit provided**
 - Usable open space per dwelling unit provided**
 - Total usable open space provided**

- Statements regarding the impact of the proposed project on**
 - Schools**
 - Roads**
 - Police and fire services**
 - Groundwater supply and quality**
 - Surrounding uses**
 - Local economy**
 - Local government fiscal situation**
- Floodplain impact statements as regulated by the applicable City of Marshfield Ordinance**
- Erosion Control and Storm Water Runoff Control Plan**
- School Impact Analysis for large scale projects**
- Transportation Analysis for large scale projects**
- Trash/Recycling Plan**
- Landscaping Plan**
- Lighting Plan**
- Signage Plan**
- Other items as specified by the City of Marshfield (*Contact Britt Hume, Building Inspector, prior to submittal*)**

Building Inspector:

Britt Hume Phone # 417-859-2352 Fax # 417-468-5267

798 S. Marshall Marshfield Mo. 65706 Email: bhume@marshfieldmo.gov

Statement of Understanding

By signing below, I, _____, certify that the information contained in this application is true and accurate to the best of my knowledge, and understand that a deliberate misrepresentation of information may be grounds for denial or reversal of this application, and/or revocation of any approval already awarded based on this application.

I also authorize City of Marshfield staff permission to view and enter the subject property for the purpose of reviewing and investigating this request.

I understand that submittal of this application and payment of the proper fees does not mean that approval of a request is imminent or guaranteed.

I understand that approval of this request does not qualify as, nor replace the necessity for proper permitting for the proposed project.

Signature of Applicant _____

Title _____

Printed Name of Applicant _____

Date _____