APPLICATION FOR VENDOR SITE PERMIT

CITY OF OZARK, MISSOURI

Department of Planning & Development

(417)581-2407 Office
(417)581-0353 Fax
205 N 1st St
Ozark, MO 65721

Vendor Site # VEN_____

I. IDENTIFICATION

Owner/Lessee of Property_____

Complete Mailing Address_____

Telephone_____ Fax_____

II. LOCATION OF SITE

Address_____

Legal Description_____

Zoning_____If located within a Planned Development, have you submitted your plans to the Administrative Review Committee. Yes____ No____

Administrative Subdivision of Legal Certification No._____(If applicable)

III. REQUIREMENTS

On a full site plan drawn to scale indicate the following information:

____The proposed location of the temporary vendor site. (Must be located on a dust free surface)

____All required setbacks and site triangles.

____Square footage of each existing tenant space and the use of each space.

____All existing traffic circulation and how the proposed vendor site will affect traffic flow.

____Location of accessible restrooms must be within 500 feet from your site and on the same side of the street. A letter authorizing the use of facilities must be included if not under Owners/Lessee control.

Parking Schedule

- Number of Parking Spaces Presently Available on the Property_____
- Number of Parking Spaces Presently Required on the Property_____
- Number of Parking Spaces Removed/Used by Proposed Vendor Site_____

Is the proposed location a vacant lot? Yes____ No____

Provide a letter from the property owner authorizing that the site may be used for temporary vendors.

I hereby certify that the proposed application is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of this jurisdiction.

_____

Signature Address Phone Date

Approved By_____Date_____

Permit Fee $_____ Receipt Number_____