



REZONING / SPECIAL USE PERMIT APPLICATION
CITY of CAPE GIRARDEAU

DEVELOPMENT SERVICES DEPARTMENT, 401 INDEPENDENCE ST, CAPE GIRARDEAU, MO 63703 (573) 339-6327

Property Address/Location

475 N Main Street

Applicant Catholic Charities of Southern Missouri		Property Owner of Record (if other than Applicant)	
Mailing Address 424 E. Monastery St.	City, State, Zip Springfield, MO 65807	Mailing Address	City, State, Zip
Telephone (417) 720-4213	Email mtaylor@ccsomo.org	Telephone	Email
Contact Person (If Applicant is a Business or Organization) Maura Taylor		(Attach additional owners information, if necessary)	
Type of Request <input checked="" type="checkbox"/> Rezoning <input type="checkbox"/> Special Use Permit <input type="checkbox"/> Both			
Existing Zoning District R-4		Proposed Zoning District (Rezoning requests only) CBD	

Legal description of property to be rezoned and/or upon which the special use is to be conducted

See attached plat.

Describe the proposed use of the property.

The property will be used as grounds for a proposed crisis maternity home.

Application continues on next page

OFFICE USE ONLY

Date Received & By 10-5-21 cp File # 1424 MUNIS Application # 11751 MUNIS Permit # _____
Application Fee Received \$ _____ ☐ Check # _____ ☐ Credit Card ☐ Cash
Planning & Zoning Commission Recommendation _____ Date _____ City Council Final Action _____ Date _____

Special Use Criteria (Special Use Permit requests only)

Explain how the special use permit request meets the criteria below. Attach additional sheets, if necessary.

- 1) The proposed special use will not substantially increase traffic hazards or congestion.
- 2) The proposed special use will not substantially increase fire hazards.
- 3) The proposed special use will not adversely affect the character of the neighborhood.
- 4) The proposed special use will not adversely affect the general welfare of the community.
- 5) The proposed special use will not overtax public utilities.

**ADDITIONAL ITEMS
REQUIRED**

See Instructions for more
information.

In addition to this completed application form, the following items must be submitted:

- ✓ Application fee (\$135.00 payable to City of Cape Girardeau + additional \$80 for Planned Development rezonings)
- ✓ List of adjacent property owners (*see Instructions for requirements*)
- ✓ One (1) set of mailing envelopes, stamped and addressed to adjacent property owners
- ✓ One (1) full size copy of a plat or survey of the property, if available
- ✓ One (1) full size set of plans, drawn to an appropriate scale, depicting existing features to be removed, existing features to remain, and all proposed features such as: buildings and structures, paved areas, curbing, driveways, parking stalls, trash enclosures, fences, retaining walls, light poles, detention basins, landscaping areas, freestanding signs, etc. (Planned Development rezonings and Special Use Permits only)
- ___ One (1) set of Planned Development documents (Planned Development rezonings only)

CERTIFICATIONS

The undersigned hereby certifies that:

- 1) They are the Property Owner(s) of Record for the property described in this application;
- 2) They acknowledge that the special use permit, if approved, will become null and void if the use for which the permit was granted does not commence within twelve (12) months of the approval date, unless an extension has been granted; and
- 3) They acknowledge that they are responsible for ensuring that all required licenses and permits are obtained prior to commencing any use or work on the property.

Maura Taylor - ED
Property Owner of Record Signature and Printed Name

10-4-21
Date

(Provide additional owners signatures and printed names in the space below, if applicable)

The undersigned hereby certifies that they are an agent duly authorized by the Property Owner(s) of Record to file this application on their behalf, and that the Property Owner(s) of Record hereby agree to the above certifications.

Maura Taylor - MAURA TAYLOR
Applicant Signature and Printed Name

10-4-21
Date

EXECUTIVE DIRECTOR

List of Property Owners Adjacent to 475 N Main St.

Property Owner Name	Property Address	Mailing Address	City	State	Zip Code
David Knight	N Spanish St	333 N Main St.	Cape Girardeau	MO	63701
Casino Capital LLC	539 N Main St	333 N Main St.	Cape Girardeau	MO	63701
Casino Capital LLC	447 N Main St	333 N Main St.	Cape Girardeau	MO	63701
Cape G LLC	102 Park Dr.	c/o Century Casinos Inc 835 Madison Ave. 20th Fl	New York	NY	10022-0000
Mississippi Cape LLC	204 Park Dr	212 N Main St.	Cape Girardeau	MO	63701
Mississippi Cape LLC	405 N Spanish St	212 N Main St.	Cape Girardeau	MO	63701
Mississippi Cape LLC	407 N Spanish St	212 N Main St.	Cape Girardeau	MO	63701
Mississippi Cape LLC	N Spanish St	212 N Main St.	Cape Girardeau	MO	63701
Casino Capital LLC	N Main St.	333 N Main St.	Cape Girardeau	MO	63701
David Knight	450 N Main St.	333 N Main St.	Cape Girardeau	MO	63701
Community Counseling Center	341 N Main St.	402 S. Silver Springs Rd.	Cape Girardeau	MO	63703
Debbie Ivey Properties LLC	1 Rivermont Dr.	PO Box 1160	Marble Hill	MO	63764