

APPLICATION FOR VENDOR SITE PERMIT

CITY OF SPRINGFIELD, MISSOURI
Department of Building Development Services
840 Boonville
Springfield MO 65802

(417)864-1055 Office
(417)864-1057 Fax

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 effect 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____

Provided 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_____