



MISSOURI DEPARTMENT OF CONSERVATION

SPECIAL USE PERMIT APPLICATION

*Application must be received 30 days prior to requested event.

Section A – to be completed by the applicant (Please print):

Name of Permittee _____ Representing _____
 (Individual) (Organization)

Mailing Address _____
 (Street or Box) (City) (State) (Zip Code)

E-mail Address _____

Daytime Phone Number _____ Evening Phone Number _____

Alternative Contact name and Phone Number _____

Department Area Requested _____

Portion of Area and/or Facility Requested _____

Date(s) of Proposed Activity _____ Time of Proposed Activity _____

Number of People _____ Number of Vehicles, Boats, Trailers, Horses, Dogs, etc.(Specify for each)

Proposed Activity _____

A separate permit is used for field trials. See Field Trial Special Use Permit policy.

Return completed application to Area Manager or local conservation office.

*The thirty days advance application requirement may be waived by the Area Manager based on resource conditions and availability. Thirty-day notice is not required for mobility device applications.

Statewide Public Use Guidelines

The following guidelines are used by Area Managers to determine if a requested use is appropriate for a specific conservation area (for Other Power-Driven Mobility Devices SUPs, see Special Use Permit Policy, Activity Specific Guidance, Attachment 4):

1. Will the activity interfere with or in any way compromise management of the Conservation Areas' fish, forest, wildlife, and natural communities?
2. Will the activity conflict with local ordinances, state constitution, Department regulations, or Federal Aid assistance?
3. Will the activity cause an unacceptable level of damage to resources or facilities?
4. Is the long-term impact of the proposed activity—and the commitment in budget and staffing—fully evaluated and understood?
5. Will the activity conflict with scheduled or seasonal primary public uses?
6. Will the activity require undue accommodation from Department staff, including reservations, special setup, cleanup, or maintenance?
7. Will the activity impede foot, boat, or vehicular traffic flow or restrict access to area locales normally open to the general public?
8. Will the activity pose a threat to public health, safety, and welfare?

Section B – to be completed by the Area Manager

Deposit is required for use of area and/or facilities. Total _____
Deposit Received by _____ Date _____

Permittee required to supply and remove portable restrooms.

The Permittee is authorized to:

Leave horse trailers and other equipment on the premises overnight from _____
until _____ at (location) _____

Use the following Department facilities (include dates and times):

1. _____
2. _____
3. _____

Permit Approved, with attached terms, maps and conditions. Approval is not complete until the applicant signs the permit and returns it, along with any fee or deposit if necessary, to the Area Manager.

Permit Denied. Applicant may appeal the denial by following the attached Reconsideration Process. Reason(s) for Denial (which guidelines would be violated):

PERMIT PROCESS

1. The citizen requesting special use of a conservation area obtains a Special Use Permit Application from the Area Manager or local conservation office, completes Section A, and returns it to the Area Manager or local conservation office.
2. The Area Manager completes Section B of the Special Use Permit Application and returns the completed application, and appropriate attachment(s), to the citizen.
 - a. If the permit request is approved, the Area Manager also sends the applicant two copies of the Special Use Permit & Conditions Form and the Safety Rules for Other Power-Driven Mobility Device Use, if applicable. The applicant is instructed to sign both copies, keeping one for themselves and returning the other, plus any fee or deposit if required, to the Area Manager.
 - b. If the permit request is denied, the Area Manager also sends the applicant a Special Use Permit Reconsideration Form or, for Other Power-Drive Mobility Device denial, provides contact information for a Unit or Division Chief.