

City of St. Joseph

1100 FREDERICK AVENUE
Planning & C.D. Department
Planning & Zoning Division

ST. JOSEPH, MISSOURI 64501-2346
Telephone (816) 271-4773
Telefax (816) 271-4752

APPLICATION FOR APPROVAL OF A MAJOR FINAL SUBDIVISION PLAN

No additional filing fee is required if the preliminary major subdivision fee was paid.

- A proposed major final subdivision shown on a plan entitled _____ as designed by _____ dated _____, 20 _____ and described as follows: located in the ___ ___ 1/4, Section _____, T_____N, R_____W, number of lots proposed _____, total acreage of tract _____ acres. **Legal Description of the Property (unless lot and block) must be submitted digitally as well as written or typed**
- The land is currently owned by: _____ by deed dated _____ and recorded in the Buchanan County Recorder of Deeds Book _____, Page _____, and said land is free of encumbrances except for the following: _____

THE UNDERSIGNED HEREBY APPLIES FOR THE APPROVAL OF SAID MAJOR FINAL SUBDIVISION PLAN BY THE CITY OF ST. JOSEPH IN BELIEF THAT THE PLAN CONFORMS TO CHAPTERS 26 AND 31 OF THE CODE OF ORDINANCES.

With the signing and submittal of this application, the property owner authorizes the City of St. Joseph to enter onto the subject property to collect data and other information in order to accurately prepare reports or other documentation for review by the City Council, City boards & commissions, and City departments.

- **Signature of Applicant:** _____
Print or type name: _____
Address of applicant: _____
Telephone number of applicant: _____
- **Signature of property owner or his/her legal representative:** _____
Print or type name: _____
Address of property owner or his/her legal representative: _____
Telephone number of property owner or his/her legal representative: _____

Check-list of items to be submitted with application.

1. ___ This completed application -- all sections must be completed or application will be deemed invalid
2. ___ Digital copy of legal description (if required) and DWG file.
3. ___ Original plan on mylar: 3 required.
4. ___ Copies of Plan--14 full size and 15 reduced to 11" x 17" (copies from PMT reduction)
5. ___ Materials required on checklist (see back)

To be completed by City staff only:

Current zoning of property: _____

Date application recvd: _____

Staff initial: _____