

City of St. Joseph

1100 FREDERICK AVENUE, Room 107
Planning & C.D. Department
Planning & Zoning Division

ST. JOSEPH, MISSOURI 64501-2346
Telephone (816) 271-4648
Telefax (816) 271-4676

APPLICATION FOR APPROVAL OF A MAJOR PRELIMINARY SUBDIVISION PLAN

Non-Refundable Filing Fee Must be Attached: \$1,050.00 PLUS \$25.00 per Lot

- A proposed major preliminary subdivision to be known as _____ 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: _____
- On a separate sheet of paper, fully describe the activity for which you are applying for a Major Preliminary Subdivision. Include any information that would be helpful. Please do not exceed one sheet of paper. This information will be included in a letter that will be sent to all property owners within 185 feet of your property.

THE UNDERSIGNED HEREBY APPLIES FOR THE APPROVAL OF SAID MAJOR PRELIMINARY 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: _____
- **Items to be submitted with application:**
 1. ___ This completed application -- all sections must be completed or application will be deemed invalid.
 2. ___ Non-refundable application fee \$ _____ (\$1,050.00 + \$25.00/lot)
 3. ___ Copies of Plan: 14 full size and 15 reductions (copies from PMT reduction)
 4. ___ One separate sheet of paper explaining intended use of property.
 5. ___ Digital copy of legal description (if required) and DWG file.
 6. ___ Materials required on checklist (see back)

To be completed by staff: Current zoning: _____ Date appl. recvd: _____ Date filing fee recvd: _____ Amt. of filing fee: _____ Staff initial: _____
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