



City of Jefferson  
Department of Planning & Protective Services  
320 E. McCarty Street  
Jefferson City, MO 65101  
Phone: 573-634-6410  
[jcpplanning@jeffcitymo.org](mailto:jcpplanning@jeffcitymo.org)  
[www.jeffersoncitymo.gov](http://www.jeffersoncitymo.gov)

## APPLICATION FOR SUBDIVISION PLAT

The undersigned hereby petitions the Planning and Zoning Commission and City Council of the City of Jefferson, Missouri for the following type of subdivision: \_\_\_\_\_ Preliminary Plat \_\_\_\_\_ Final Plat

1. Name of Subdivision: \_\_\_\_\_

2. General location: \_\_\_\_\_

3. Existing/Proposed zoning: \_\_\_\_\_

4. Existing/Proposed use of the property: \_\_\_\_\_

5. Size of the property in acres: \_\_\_\_\_

6. Total number of lots proposed: \_\_\_\_\_

7. The following items need to be submitted with the plat drawing, if applicable:

A. Public improvement construction plans are to be submitted to the Engineering Division with a final plat.

Signature of the Division Director, or his/her designee, is needed to certify that plans have been submitted:

\_\_\_\_\_  
Signature Date (N/A if no plans are required)

B. Description of any variances to the Subdivision Regulations being requested (please note section number of the regulation below and attach a letter stating justification for the variance(s):

\_\_\_\_\_;

C. Appropriate application filing fee: \$ \_\_\_\_\_ Preliminary Plat - Residential-\$213\* plus \$4 per lot  
Preliminary Plat - Commercial/Industrial-\$213\* plus \$4 per lot  
Final Plat - \$240\* plus \$4 per lot  
\*Revised June 30, 2015

Property Owner Name (type or print) \_\_\_\_\_ Property Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

Engineer Name (type or print) \_\_\_\_\_ Engineer Signature \_\_\_\_\_ Date \_\_\_\_\_

Surveyor Name (type or print) \_\_\_\_\_ Surveyor Signature \_\_\_\_\_ Date \_\_\_\_\_

Contact person for this application:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### For Staff Use Only

Attachments:

- ☐ Variance request letter
- ☐ Additional documentation

Notes: \_\_\_\_\_

*Individuals should contact the ADA Coordinator at (573) 634-6570 to request accommodations or alternative formats as required under the Americans with Disabilities Act. Please allow three business days to process the request.*



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<b>Project Information</b> (Please use additional sheets if necessary)			
Name of Project			
Location/Address			
Submitted by			
Applications Submitted (Check box and circle item)	<input type="checkbox"/> P&Z: Zoning Amend   Comp Plan Amend   Special Exception   PUD   Sub. Plat   Annexation		
	<input type="checkbox"/> BOA: CUP   Variance   Appeal		
	<input type="checkbox"/> Staff: Site Plan   Bldg Plans   Grading Plan   Change of Use   Temp Use		
<b>Consultant(s) (List lead consultant and all others who are responsible for major project)</b>			
Lead Consultant Name		Firm Name	
Address			
Telephone Number		Fax No.	
E-Mail			
Consultant Name		Firm Name	
Address			
Telephone Number		Fax No.	
E-Mail			
Consultant Name		Firm Name	
Address			
Telephone Number		Fax No.	
E-Mail			
<b>Property Owners/Applicants (List owner; Mark "X" next to the name of the primary)</b>			
<input type="checkbox"/>	Owner Name		
Address			
Telephone No.		Fax No.	
E-Mail			
<input type="checkbox"/>	Applicant Name		
Address			
Telephone No.		Fax No.	
E-Mail			

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