



City of Jefferson
 Department of Planning & Protective Services
 320 E. McCarty Street
 Jefferson City, MO 65101
 Phone: 573-634-6410
jcplanning@jeffcitymo.org
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:

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

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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Project Information (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		
Consultant(s) (List lead consultant and all others who are responsible for major project)			
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			
Property Owners/Applicants (List owner; Mark "X" next to the name of the primary)			
	Owner Name		
Address			
Telephone No.		Fax No.	
E-Mail			
	Applicant Name		
Address			
Telephone No.		Fax No.	
E-Mail			

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