FINAL PLAT APPLICATION

Clay County Planning & Zoning

Fees

Plat ($200.00 + $10.00/per lot & tract) **$** _____

Adjoiners* (reg. postage X # of Adj._____) **$** _____

TOTAL: **$** _____

*Prevailing Postage Rate

Contact: _____

Address: _____

_____

Telephone: H) _____

B) _____

C) _____

FAX: _____

E-Mail: _____

NOTE: The Fee Total must accompany this application, by check or money order payable to the "Clay County Treasurer"

Request: Name of Subdivision: _____

Preliminary Plat Approval Date: _____ **Case No:** _____

Have any changes been made to the plat since preliminary approval? ☐ **Yes** ☐ **No** ***If yes, attach explanation on separate sheet. Substantial changes may require a revised Preliminary Plat or new approvals from other agencies.***

If Board of Zoning Adjustment has granted any variance regarding this property:
Case No: _____ **Date:** _____

(Attach Owner's Authorization, if applicant is different from Owner. If Owner is a Corporation, applicant or person signing Owner's Authorization must be an officer of corporation and must attach certification of corporate office held, to this application.)

Applicant's Name: _____

Applicant's Address: _____
City State Zip

Applicant's Telephone: H) _____ B) _____

C) _____ F) _____

Property Owner's Name: _____

Property Owner's Address: _____
City State Zip

Property Owner's Telephone: H) _____ B) _____

C) _____ F) _____

Surveyor's/Land Planners' Name: _____

Surveyor's/Land Planners' Address: _____
City State Zip

Surveyor's/Land Planners' Telephone: H) _____ B) _____

C) _____ F) _____

All required items *must* be submitted with this application, or the application may be rejected (see INFORMATION ABOUT PRELIMINARY PLATS, FINAL PLATS, AND REZONINGS)

I hereby affirm that the above statements and representations are true and correct.

Applicant's Signature: Date:

OFFICE USE ONLY: Sec: ____ Twn: ____ Rge: ____ Parcel #: _____

Legal: ____ Adjoiner: ____ Health: ____ Water: ____ Hwy: ____ MoDOT: ____ OwnAuth: ___

Fire: ____ School: ____ City: ____ Other: _____