PRELIMINARY PLAT APPLICATION

Clay County Planning & Zoning

Fees: (Non-Refundable)

Plat ($225.00 + $5.00/per lot & tract) **$** _____

Adjoiners:

Reg. postage rate* _____ **X # of Adj.**_____ = **$** _____

***Prevailing Postage Rates**

TOTAL: $ _____

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:

Proposed Name of Subdivision: _____

Address of Property:

(Legal Description of property to be subdivided must be provided in both paper & electronic form)

Total Acreage: **Zoned:** **Number of Lots:**

(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 Planner's Name: _____

Surveyor's/Land Planner's Address: _____

City State Zip

Surveyor's/Land Planner's 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: _____