



SUBDIVISION APPLICATION FORM

City of Jackson, Missouri

NAME OF SUBDIVISION: _____

DATE OF APPLICATION: _____

PROPERTY OWNERS: (all legal property owners exactly as listed on the deed)

Names, Addresses & Phone #s:

CONTACT PERSON HANDLING APPLICATION:

Contact's Name: _____

Contact's Mailing Address:

Contact's Phone: _____

ENGINEER / SURVEYOR:

Company Name, Addresses & Phone #:

TYPE OF SUBDIVISION APPLICATION: (check all applicable items)

___ Preliminary plat approval

___ Final plat approval

Minor subdivision approval

___ Re-subdivision plat approval

LEGAL DESCRIPTION OF TRACT: (attach separate page if necessary)

ZONING: Indicate the current zoning district classification of the entire tract to be developed (circle all that apply):

- | | | | |
|------|--------------------------------|------|-----------------------------|
| R-1 | Single Family Residential | C-1 | Local Commercial |
| R-2 | Single Family Residential | C-2 | General Commercial |
| R-3 | One and Two Family Residential | C-3 | Central Business District |
| R-4 | General Residential | C-4 | Planned Commercial District |
| MH-1 | Mobile Home Park | CO-1 | Enhanced Commercial Overlay |
| CO-1 | Enhanced Commercial Overlay | I-1 | Light Industrial |
| | | I-2 | Heavy Industrial |
| | | I-3 | Planned Industrial Park |

Will a rezoning or a special use permit request be submitted in conjunction with the proposed development? YES NO

OWNERS' SIGNATURES:

I state upon my oath that all of the information contained in this application is true. (Original signatures of all persons listed in Item No. 3)

Please submit the completed application along with the applicable application fee to:

Janet Sanders
Building & Planning Superintendent
City of Jackson
101 Court Street
Jackson, MO 63755

Ph: 573-243-2300 ext. 29
Fax: 573-243-3322
Email: jsanders@jacksonmo.org