



# SUBDIVISION APPLICATION FORM

## City of Jackson, Missouri

**NAME OF SUBDIVISION:** \_\_\_\_\_

**DATE OF APPLICATION:** \_\_\_\_\_

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

Names, Addresses & Phone #s: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ENGINEER / SURVEYOR:**

Company Name, Addresses & Phone #: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TYPE OF SUBDIVISION APPLICATION:** (check all applicable items)

- \_\_\_ Preliminary and final plat approval
- \_\_\_ Final plat approval
- \_\_\_ Minor subdivision approval
- \_\_\_ Resubdivision 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:

- R-1 Single Family Residential
- R-2 Single Family Residential
- R-3 One and Two Family Residential
- R-4 General Residential
- MH-1 Mobile Home Park
- C-1 Local Commercial
- C-2 General Commercial
- C-3 Central Business
- 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

**CONTACT PERSON HANDLING APPLICATION:**

Contact's Name: \_\_\_\_\_

Contact's Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Contact's Phone: \_\_\_\_\_

**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)

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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](mailto:jsanders@jacksonmo.org)