



THE CITY OF
PERRYVILLE
MISSOURI

Plant your family here.

215 North West Street
Perryville, MO 63775-1327
Phone: 573-547-2594

E-Mail: buildinginspectors@perryvillemo.gov

SUBDIVISION APPROVAL APPLICATION

LEGAL OWNER #1: _____ ADDRESS: _____
PHONE NUMBER: _____

LEGAL OWNER #2: _____ ADDRESS: _____
PHONE NUMBER: _____

DEVELOPER/ENGINEER/ARCHITECT: _____ ADDRESS: _____
PHONE NUMBER: _____

NAME OF SUBDIVISION: _____

LOCATION (TOWNSHIP/RANGE/SURVEY) AND SIZE OF TRACT TO BE SUBDIVIDED: (please attach outboundary description or sketch of plat sufficient to accurately locate subdivision on the City base map.)

THIS APPLICATION IS FOR (CHECK APPLICABLE ITEM):

- | | |
|---|---|
| <input type="checkbox"/> Preliminary Plan Review | <input type="checkbox"/> Group Development Approval |
| <input type="checkbox"/> Final Plan Review | <input type="checkbox"/> Re-subdivision Approval |
| <input type="checkbox"/> Certification of Subdivision of Two-Lot Subdivision
(both lots three acres or more) | <input type="checkbox"/> Boundary Adjustment |

PLEASE INDICATE THE PRESENT ZONING DISTRICT CLASSIFICATION OF THE ENTIRE TRACT AND ADJOINING AREAS

(attach sketch, if necessary). _____

IS A REQUEST FOR REZONING BEING SUBMITTED AS A PART OF THE DEVELOPMENT PROPOSAL? If yes, indicate which part or parts of the tract are being requested to be rezoned to which categories (attach sketch, if necessary).

___ Yes ___ No _____

NOTE: Consult the City's Subdivision Regulations before attempting to submit this form. Submit completed form to the City Clerk. For preliminary plan, attach a check for \$25. For final plan, attach a check in the amount of \$44 for the first page (18" x 24"), plus \$25 for each additional page. Make checks payable to the City of Perryville.

SIGNATURE OF APPLICANT

APPLICATION DATE