



Plant your family here.

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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):

- Preliminary Plan Review
Final Plan Review
Certification of Subdivision of Two-Lot Subdivision (both lots three acres or more)
Group Development Approval
Re-subdivision Approval

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