



COMMUNITY DEVELOPMENT
PLANNING & ZONING
201 East Broadway
Excelsior Springs, MO 64024
Phone: (816) 630-9594
Fax: (816) 630-9572

FOR OFFICE USE ONLY Fee: \$250.00 + \$5 per lot Plan Set Review Fee*: _____ Date Received: _____ Public Notice Date: _____ P&Z Hearing: _____ City Council: _____

Final Subdivision Plat Review

Applicant/Developer (Please Print): _____

Address: _____

Phone: _____ Email: _____

Plat Preparer: _____

Address: _____

Phone: _____ Email: _____

Property Location: _____

Zoning District: _____ Number of Lots: _____

Access from (street or streets): _____

Sewer available at site? _____ If not, where? _____

Water available at site? _____ If not, where? _____

Restrictive covenants proposed? _____ [Provided with preliminary plat, recorded with final plat]

Drainage Study & construction plans filed with Public Works Department? _____

Copy of plat provided? _____ (Three 24x36 or large + one 11x17 or smaller) also 1 digital copy

After acceptance by City Council applicant must supply three (3) large copies, signed and notarized, for recording purposes.

Applicant Signature: _____ Date: _____