



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 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:** _____