



SUBDIVISION APPLICATION

City of Jackson, Missouri

NAME OF SUBDIVISION: _____

DATE OF APPLICATION: _____

TYPE OF APPLICATION: **PRELIMINARY PLAT**
 FINAL PLAT
 MINOR SUBDIVISION
 RESUBDIVISION

PROPERTY OWNERS (all legal property owners as listed on current deed, including trusts, LLCs, etc):

Property Owner Name(s): _____

Mailing Address: _____

City, State ZIP: _____

ENGINEER / SURVEYING COMPANY: _____

Engineer / Surveyor Contact: _____

Mailing Address: _____

City, State ZIP: _____

Contact's Phone: _____

CONTACT PERSON HANDLING APPLICATION:

Contact Name: _____

Mailing Address: _____

City, State ZIP: _____

Contact's Phone: _____

Email Address (if used): _____

CURRENT ZONING: (circle all that apply)

R-1	(Single-Family Residential)	C-1	(Local Commercial)
R-2	(Single-Family Residential)	C-2	(General Commercial)
R-3	(One- And Two-Family Residential)	C-3	(Central Business)
R-4	(General Residential)	C-3	(Central Business)
MH-1	(Mobile Home Park)	C-4	(Planned Commercial)
O-1	(Professional Office)	I-1	(Light Industrial)
CO-1	(Enhanced Commercial Overlay)	I-2	(Heavy Industrial)

Will a rezoning or a special use permit request be submitted in conjunction with the proposed development? YES ☐ NO ☐

LEGAL DESCRIPTION OF TRACT: Submit a copy of the most current deed for the property being divided.

OWNER SIGNATURES:

I state upon my oath that all of the information contained in this application is true. *(Signatures of all persons listed on the current property deed and the authorized signer(s) for any owning corporation or trust.)*

Please submit the completed application along with the applicable application fee to:

Building & Planning Manager
City of Jackson
101 Court Street
Jackson, MO 63755

Ph: 573-243-2300 ext. 2029
Email: permits@jacksonmo.org