



CITY OF PECULIAR
250 S. MAIN STREET
PECULIAR, MO 64078
(816) 779-2226

APPLICATION
NUMBER: _____
DATE: _____

FINAL PLAT APPLICATION

Project general location: _____

Project legal description: {attach metes and bounds description if property has not been final platted}

Final platted lots:

Lots(s) _____ Blocks(s) _____

Addition _____ 1/4 Section _____ T _____ N R _____ E

Name of Final Plat: _____

Number of Lots: _____ Number of Dwelling Units: _____ Number of Acres: _____

Name of Associated Preliminary Plat: _____

Will this application require any other action to complete the development? Yes No

If YES, please identify the type of application: Map Change Text Change SUP C-P
 Sign Permit Variance Amendment Other

SUBMITTAL REQUIREMENTS

{For details, see Peculiar Municipal Code Ch. 405 Land Subdivision Regulations, ARTICLE III, PROCEDURES}

Property Owner Name _____ Phone Number _____

Address _____ Email _____
Street City State Zip

Property Owner Signature _____

Applicant/Permittee Name _____ Phone Number _____

Address _____ Email _____
Street City State Zip

Applicant/Permittee Signature _____

Contact Name _____ Phone Number _____

Address _____ Email _____

Street City State Zip

*Note: If applicant is not the owner of the premises, the owner's signature or separate written permission authorizing Applicant/Permittee to sign on behalf of the owner, must be affixed to this application. The signature of the applicant and owner (or written permission of the owner) certifies that permission is granted by the owner to all authorized City personnel to enter the premises for the purpose of review of this application.

Office Use Only

Date of: Preapplication Meeting: _____ Application Complete: _____ Initial PC Hearing: _____

Required Fee: \$ _____ Paid by: Cash Check Credit/Debit Receipt # _____