



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

APPLICATION  
NUMBER: \_\_\_\_\_  
DATE: \_\_\_\_\_

**PRELIMINARY 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 Preliminary Plat: \_\_\_\_\_

Number of Lots: \_\_\_\_\_ Number of Dwelling Units: \_\_\_\_\_ Number of Acres: \_\_\_\_\_

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 # \_\_\_\_\_

Neighborhood Mtg Required?  Yes  No Date: Held \_\_\_\_\_ Summary Submitted: \_\_\_\_\_