



MAJOR SUBDIVISION APPLICATION - PRELIMINARY

City of St. Joseph, Missouri | Planning & Zoning
1100 Frederick Avenue, Room 107
Planning & Zoning Division | (816) 271-4648 | planning@stjosephmo.gov

All submittals for variances must comply with Sec. 31-070 of the City’s Code of Ordinances, located online at stjosephmo.gov **The following must be included with every application:**

1. Completed Application (DO NOT SUBMIT PAPER AND MYLAR DOCUMENTS UNTIL RECORDING)
2. Application Fee (\$1,050) due at the time of submission. This fee is **nonrefundable**
3. **Materials required on checklist (see Page 3 of 3)**
4. Printed names and signatures must be legible and match the relevant section

THE UNDERSIGNED HEREBY APPLIES FOR THE APPROVAL OF A PRELIMINARY PLAT BY THE PLANNING COMMISSION. With the signing and submittal of this application, the property owner authorizes the City of St. Joseph to enter onto the subject property to collect data and other information in order to accurately prepare reports or other documentation for review by the City Council, City boards and commissions, and City departments.

A. PROPERTY OWNER INFO

1. a. **Printed Name:** _____
b. **Business Name:** _____
2. **Primary Contact:** Yes No *(only 1 primary contact is allowed. If Yes, we will contact you for payment, notifications, and/or questions. If No, someone MUST fill out Section C)*
3. **Mailing Address:** _____
4. a. **Phone** () _____ b. **Email*** _____
5. a. **Signature** _____ b. **Date** _____

B. SURVEYOR INFORMATION

1. a. **Printed Name:** _____
b. **Business Name:** _____
2. **Primary Contact:** Yes No *(only 1 primary contact is allowed. If Yes, we will contact you for payment, notifications, and/or questions. If No, someone MUST fill out Section C)*
3. **Mailing Address:** _____
4. a. **Phone** () _____ b. **Email*** _____
5. a. **Signature** _____ b. **Date** _____

C. PRIMARY CONTACT/AGENT *(Only fill out if the answer to A.2. or B.2. is NO, otherwise mark N/A)*

THIS IS WHO WE WILL CONTACT FOR PAYMENT, NOTIFICATIONS, AND/OR OR QUESTIONS.

A VALID MAILING ADDRESS AND VALID EMAIL ADDRESS ARE BOTH REQUIRED.

1. a. **Printed Name:** _____
b. **Business Name:** _____
2. **Mailing Address:** _____
3. a. **Phone** () _____ b. **Email*** _____
4. a. **Signature** _____ b. **Date** _____

* Please be aware that the City of St. Joseph will send all notices via email unless otherwise specified.

All Major Subdivision Variance applications must include the following to be considered complete:

- Completed application
- Submitted application fee (**\$1,050.00** payable to City of St. Joseph)
- Letter from owner stating the purpose of the variance & Word Document containing full legal description. This document is **required to** include the addresses and/or parcel numbers for ALL properties involved .
- Typed document to the City Planner responding to the following items in detail:
 - The special and unusual circumstances affecting the subject property/properties for which the strict application of the subdivision code would deprive the property owner or their agent of reasonable use of the land, and that the subdivision variance is not a mere granting of privilege not granted to other property owners.
 - A description of why the variance is necessary for the preservation and enjoyment of a substantial property right.
 - A description of why the variance would not be detrimental to the public safety, convenience, welfare, or be injurious to other property in the vicinity.

D. ATTENDANCE AND FEE NOTICE

YOUR ATTENDANCE IS REQUIRED AT THE PLANNING COMMISSION AND CITY COUNCIL MEETINGS FOR THIS APPLICATION. FAILURE TO ATTEND THIS MEETING MAY RESULT IN UNECESSARY DELAYS TO YOUR APPLICATION.

The Planning Commission meeting date, time, and location can be found online at stjosephmo.gov, or by contacting the **Planning & Zoning Department** at **(816)-271-4827**

The City Council meeting dates, times, and locations can be found online at stjosephmo.gov, or by contacting the **City Clerk's** office at **(816)-271-4731**

I have included the required information with this application. I have read the notice above, and understand my attendance is required at public hearings. I understand that by submitting this application, I am including a **NON-REFUNDABLE** application fee. If I choose to rescind this application at any time after it is processed by the City, my application fee will not be refunded, pursuant to Sec. 31-075.

Primary Contact Signature: _____ Date: _____

Section to be completed by the City

Application ID: | _____ |

Date Fee Received: | _____ | Date Application Received: | _____ |

Total Fee: | _____ | **Fee \$630.00** Received by: | _____ |