



Application #: \_\_\_\_\_  
 Date Submitted: \_\_\_\_\_  
 Public Hearing: \_\_\_\_\_  
 Date Approved: \_\_\_\_\_

CITY OF PARKVILLE • 8880 Clark Avenue • Parkville, MO 64152 • (816) 741-7676 • FAX (816) 741-0013

**Application for Subdivision – Final Plat**  
 Pre-application meeting required per Parkville Municipal Code Title IV, Section 403.010, Subsection C.

**1. Applicant/Contact Information**

<p><b>Applicant(s)</b>          Name: _____          Address: _____          City, State: _____          Phone: _____ Fax: _____          E-mail: _____</p> <p><b>Engineer and/or surveyor(s)</b> preparing plat &amp; legal desc.          Name: _____          Address: _____          City, State: _____          Phone: _____ Fax: _____          E-mail: _____</p>	<p><b>Owner(s)</b>, if different from applicant(s)          Name: _____          Address: _____          City, State: _____          Phone: _____ Fax: _____          E-mail: _____</p> <p><b>Contact Person</b>, if different from applicant(s)          Name: _____          Address: _____          City, State: _____          Phone: _____ Fax: _____          E-mail: _____</p>
---	---

We, the undersigned, do hereby authorize the submittal of this application and associated documents and certify that all information contained therein is true and correct. We acknowledge that development in the City of Parkville is subject to the Municipal Code of the City of Parkville. We do hereby agree to abide by and comply with the above-mentioned codes, and further understand that any violations from the provisions of such or from the conditions as stated herein shall constitute cause for fines, punishments and revocation of approvals as applicable.

**Applicant's Signature** (Required) \_\_\_\_\_ Date: \_\_\_\_\_

**Property Owner's Signature** (Required) \_\_\_\_\_ Date: \_\_\_\_\_

**2. Property information**

Name and phase of plat: \_\_\_\_\_

Final plat in substantial conformance with approved preliminary plat? \_\_\_\_\_

If not, explain:

Zoning district: \_\_\_\_\_ Anticipated uses: \_\_\_\_\_

Acreage of this phase: \_\_\_\_\_ Number of lots: \_\_\_\_\_

Minimum lot size: \_\_\_\_\_ Density of development: \_\_\_\_\_

**3. Additional factors affecting the project**

Please include other comments or factors relating to the proposed subdivision in an attached narrative.

\_\_\_\_\_

**4. Public Improvements**

**All public improvements must be designed to city standards and require approval, guarantees and permits prior to installation.**

Improvement plans submitted and approved for:

Streets and access: \_\_\_\_\_  
(Date approved)

Length of new streets: \_\_\_\_\_

Surface material: \_\_\_\_\_ Maximum grade: \_\_\_\_\_

Sanitary sewer: \_\_\_\_\_  
(Entity and date approved)

Missouri Department of Natural Resources (MDNR) approval: \_\_\_\_\_  
(Date approved)

Water: \_\_\_\_\_  
(Entity and date approved)

Erosion and sediment control as per NPDESII: \_\_\_\_\_  
(Date approved)

Floodplain development permit (if required): \_\_\_\_\_  
(Date approved)

**5. Checklist of required submittals**

- Completed application, including plat with all required details and supporting data.
- Nonrefundable application fee of \$300.00 plus \$5.00 per lot (minimum \$305.00).
- Submit six (6) copies of the final plat (24" x 36" or larger) and one electronic copy (PDF format) containing the requirements outlined in Section 403.020 Subsection E. of the Development Code for initial staff and entity review. Additional large size copies may be requested following review by staff.
- Authorization signature of the owner of record of the property to be platted.
- Copy of any covenants and/or deed restrictions to be recorded with the Plat.
- Executed deed of release for any right-of-way dedicated to the city.
- Guarantees in the form of performance bonds or other city approved instrument ensuring the satisfactory completion of public improvements. The maintenance period for public improvements is two (2) years.

**For City Use Only**

Application accepted as complete by: \_\_\_\_\_  
Name/Title \_\_\_\_\_ Date \_\_\_\_\_

Application fee payment: Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_

Final reimbursable costs paid (if applicable). Date of Action: \_\_\_\_\_

**Planning Commission Action:**  Approved  Approved with Conditions  Denied Date of Action: \_\_\_\_\_  
Conditions if any: \_\_\_\_\_

**Board of Aldermen Action:**  Approved  Approved with Conditions  Denied Date of Action: \_\_\_\_\_  
Conditions if any: \_\_\_\_\_