Application for Preliminary Plat

Date Stamp

City Planning & Development Department
City Hall, 414 E. 12th Street, 15th floor; Kansas City, MO 64106-2795
Phone (816) 513-2846 | Facsimile (816) 513-2838 | www.kcmo.org/planning

Refer to *Development Guide* for additional information

For Office Use: Case Number: _____

KIVA Number: _____ Receipt Number: _____ Filing Fee $ _____

1. Subdivision Name _____

2. Request

☐ **Preliminary Plat** ☐ **Revising Preliminary Plat to:** _____

3. Applicant/Owner/Contact Information

Applicant _____ Company _____

Address _____ City & State _____ Zip _____

Telephone (_____) _____ Fax (_____) _____ Email _____

Property Owner(s) (if different from applicant) _____

Address _____ City & State _____ Zip _____

Telephone (_____) _____ Fax (_____) _____ Email _____

Firm Preparing Plat _____ Company _____

Address _____ City & State _____ Zip _____

Telephone (_____) _____ Fax (_____) _____ Email _____

All correspondence should be sent to (check one): ☐***Applicant*** ☐***Property Owner*** ☐***Firm***

4. Project Location/Address _____

5. (Complete the table as applicable, except for gray boxes)

Land Use	*No. of Dwelling Units*	*No. of Lots*	*Acres*
Residential-Single family			
Residential-Two-unit			
Residential-Multi-family			
Public Right-of-Way			
Public Park			
Private Open Space (Park)			
Stormwater Tract			
Office, Business, Commercial			
Manufacturing			
Other (specify)			
TOTAL			

6. For residential plat: How will Parkland Dedication Requirement (88-405-17) be met?

☐ Parkland dedication ☐ Cash in-lieu-of dedication ☐ Private open space

7. Filing Fee (per Ordinance CS100395, passed September 30, 2010)

☐ **Residential: $375 plus $4 per unit, not to exceed $1,250**

☐ **Nonresidential: $375 plus $60 per acre or fraction thereof, not to exceed $1,250**

☐ **Revision to an approved preliminary plat: $375 plus $4 per unit of the area being amended not to exceed $1,250 <u>or</u> $375 plus $60 per acre of the area being amended, not to exceed $1,250**

8. Applicant's Declaration

To ascertain that this submittal is complete, please check:

☐ Completed Application and two copies,
☐ 20 copies of the preliminary plat, collated, stapled and folded to fit in an 8.5" x 14" file.
☐ 20 copies of the preliminary stream buffer plan, stapled to each plat drawing and folded to fit in an 8.5" x 14" file
☐ 3 copies of a Traffic Impact Analysis and Walkability Assessment (if necessary)
☐ An 8.5" x 11" transparency of the plat and stream buffer plan
☐ Legal Description (may be attached)
☐ Legal Description on Disk. Include the legal description on CD (*Microsoft Word* format preferred) for metes and bounds descriptions.
☐ Digital submittal of plan CD.

1. Include digital copies of the site plan and landscaping plan in a geo-referenced, monochromatic TIF file format (no less than 300 dpi).
2. Also include a CAD/GIS compatible layer that reflects the perimeter/boundary line of the site plan (boundary must close to create a polygon). **ALL** files must be referenced to coordinate system: NAD_1983_StatePlane_Missouri_West_FIPS_2403_Feet.

Contact Kyle Elliott at kyle_elliott@kcmo.org (816) 513-2802 or Bryan Foster at bryan_foster@kcmo.org (816) 513-2815 for further information.

☐ **The following declarations are hereby made:**

- ✓ The undersigned is the owner or authorized agent of the owner or the officers of a corporation or partnership.
- ✓ The submitted plat contains all of the information required by the Zoning Ordinance.

9. Notice to Applicant

A. A preapplication consultation prior to filing an application to the Board of Zoning Adjustment is encouraged, but not required. Please indicate whether you have met with a planner.

The applicant has discussed this application with a staff planner in the Development Management Division of the City Planning and Development Department, as follows.

Planner _____ **Date** _____

B. Prior to any public hearing, an applicant must make a reasonable effort to contact and meet with, if requested, the applicable neighborhood and/or civic organizations registered with the city. Failure to do so may be cause for continuance. Please provide information on this contact, as follows:

Neighborhood or Civic Organization(s) _____

Date _____ **Time** _____ **Location** _____.

Signature _____

Printed Name _____ **Date** _____