



DEPARTMENT OF PLANNING & DEVELOPMENT
10 North Bemiston Avenue, Clayton, MO 63105

APPLICATION FOR CONDOMINIUM PLAT

(Please type or print)

Date _____

- **ALL SECTIONS OF APPLICATION MUST BE COMPLETE**
- **PLATS MUST BE FOLDED (PRINT SIDE OUT, PLEASE)**
- **\$300.00 APPLICATION FEE MUST ACCOMPANY THIS APPLICATION**

Name of Condominium Project _____

Address of Condominium _____

Existing Building: _____ New Building: _____

Legal Description: Lot _____ Block _____ Subdivision _____

Applicant's Name (please print) _____

Applicant's Complete Address _____

Applicant's Phone () _____

Property Owner's Name, Address & Phone No. (if other than above) _____

Zoning District: _____ Lot Size _____

Number of Buildings: _____ Number of Units Per Building: _____

Number of Existing Units: _____ Unit Sizes (in Square Feet): _____

Number of Units After Renovation: _____ Unit Sizes (in Square Feet): _____

Has Inspection Approval Been Obtained? _____ Date of Approval: _____

It is hereby requested that approval of the above condominium plat be considered by the Honorable Mayor and Members of the Board of Aldermen after completion of administrative review. A representative will appear at specified Board of Aldermen meeting to answer any questions.

Respectfully Submitted,

Signature of Applicant _____