



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

**APPLICATION FOR SUBDIVISION/
BOUNDARY ADJUSTMENT**

PLEASE PRINT

Date _____

NOTE: SUBDIVISION PLATS MUST BE FILED WITH THE ST. LOUIS COUNTY RECORDER OF DEEDS OFFICE AND PROOF OF SUCH FILING MUST BE SUBMITTED TO THE CITY CLERK'S OFFICE WITHIN 30 DAYS OF APPROVAL BY THE BOARD OF ALDERMEN.

\$250.00 FEE MUST ACCOMPANY THIS APPLICATION

Name of Subdivision _____

Existing Address(es) _____

Lot Number(s): _____ Block Number: _____

Number of Existing Lots: _____ Number of Proposed Lots: _____

Square Footage of Existing Lot(s): _____

Square Footage of Proposed Lot(s): _____

Current Zoning: _____ Proposed Zoning (if different): _____

Applicant's Name _____

Applicant's Address _____

Applicant's Phone () _____

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

It is hereby requested that approval of the above subdivision/boundary adjustment be considered by the Honorable Mayor and Members of the Board of Aldermen upon recommendation of the City Plan Commission. A representative will appear at specified Board of Aldermen meeting to answer any questions.

Respectfully Submitted,

Signature of Applicant _____