



## Minor Subdivision Application

Community Development Department  
 Phone: (417) 732-3150  
 Email: [permits@republicmo.com](mailto:permits@republicmo.com)

**NOTICE: Fees for this application are collected at the time of submission**

		Application Date:		Case No:	
<b>Site Information</b>		Site Address:			
		Legal Description:			
Legal Description <i>(office use only)</i>	PIN:	Lot Number:	Subdivision:	Zoning:	
<b>Legal Owner Information</b>		Name:			
Address:		City:		State:	
Email Address:		Phone Number:		Zip:	
Project Interest (owner, potential buyer, consultant, etc.):					
<b>Surveyor Information</b>		Name (Contact Person) :			
Name (Company):					
Address:		City:		State:	
Email Address:		Phone Number:		Zip:	
<b>Project Information</b>		Zoning:		Number of Proposed Lots:	
Project Description: _____					

By signing this application form, I hereby acknowledge that the information I have provided is complete and accurate to the best of my knowledge. Furthermore, I acknowledge my responsibility to conform to the applicable federal, state and local regulations pertaining to the project described by this application and attachments. I also understand that this application will expire within 180 days of the date of my signing, unless extended in writing by the Building Official.

Date: \_\_\_\_\_ Name (please print): \_\_\_\_\_ Signature: \_\_\_\_\_

**OFFICE USE ONLY**

Application Type: \_\_\_\_\_

**Building Code Review**

Comments: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_

**Zoning Code Review**

Comments: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_

**Floodplain Review**

Comments: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_

**Fire Code Review**

Comments: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_

**Public Works Review—Utilities**

Comments: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_

**Public Works Review—Transportation**

Comments: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_

**Public Works Review—Stormwater**

Comments: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_

**Approved**

**Denied**

**Meeting**

**Final Determination:**

BOA \_\_\_\_\_

P&Z \_\_\_\_\_

Council 1<sup>st</sup> \_\_\_\_\_

Council 2<sup>nd</sup> \_\_\_\_\_

Reviewed by: \_\_\_\_\_ on \_\_\_\_\_