



**FINAL PLAN/PLAT APPLICATION**  
**Clay County Planning & Zoning**

<b>Fees: (Non-Refundable)</b> Plat (\$250.00 + \$13.00/per lot & tract) \$ _____ Adjoiners: Reg. postage rate* _____ X # of Adj. _____ = \$ _____ *Prevailing Postage Rates Overlay District (\$100.00) <input type="checkbox"/> PUD <input type="checkbox"/> CD <input type="checkbox"/> POD \$ _____ <b>TOTAL: \$ _____</b>	Contact: _____ Address: _____ Telephone: H) _____ B) _____ C) _____ FAX: _____ E-Mail: _____
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**NOTE: The Fee must accompany this application, checks should be made payable to the "Clay County Treasurer"**

**Name of Subdivision:** \_\_\_\_\_

<b>Preliminary Plat Approval Date:</b> _____	<b>Prel. Plat Case No.:</b> _____
<i>Have any changes been made to the plat since preliminary approval? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach explanation on separate sheet. Substantial changes may require a revised Preliminary Plat or new approvals from other agencies.</i>	

**If Board of Zoning Adjustment has granted any variance regarding this property:**

**BZA Date:** \_\_\_\_\_ **BZA Case No.:** \_\_\_\_\_

**Applicant's Name:** \_\_\_\_\_  
**Applicant's Address:** \_\_\_\_\_  
**Applicant's Telephone:** H) \_\_\_\_\_ B) \_\_\_\_\_  
C) \_\_\_\_\_ F) \_\_\_\_\_

**Property Owner's Name:** \_\_\_\_\_  
**Property Owner's Address:** \_\_\_\_\_  
**Property Owner's Telephone:** H) \_\_\_\_\_ B) \_\_\_\_\_  
C) \_\_\_\_\_ F) \_\_\_\_\_

**Surveyor's/Land Planners' Name:** \_\_\_\_\_  
**Surveyor's/Land Planners' Address:** \_\_\_\_\_  
**Surveyor's/Land Planners' Telephone:** H) \_\_\_\_\_ B) \_\_\_\_\_  
C) \_\_\_\_\_ F) \_\_\_\_\_

All required items *must* be submitted with this application, or the application may be rejected.

**I hereby affirm that the above statements and representations are true and correct.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>OFFICE USE ONLY:</b>	Sec: _____ Tw: _____ Rge: _____ Parcel #: _____
Legal: _____ Adjoiner: _____ Health: _____ Water: _____ Hwy: _____ MoDOT: _____ OwnAuth: _____	
Fire: _____ School: _____ City: _____ Other: _____	