



# APPLICATION FOR SITE PLAN & CHANGE OF USE

CITY OF PLATTE CITY, MISSOURI

\_\_\_\_\_

Date of Application

Describe the land on which the proposed work is to be done by legal description & street address or similar description that will readily identify and definitely locate the proposed building or work.

Address: \_\_\_\_\_

Subdivision Name: \_\_\_\_\_

Lot \_\_\_\_\_ Block \_\_\_\_\_ Zoning \_\_\_\_\_

Indicate the use or Occupancy for which the proposed work is intended.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State the valuation of all proposed site improvements and provide the square feet of any new building structure of any addition, remodeling or alteration to an existing building.

\$ \_\_\_\_\_

Estimated Cost	Square Feet
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Give such other data and information as may be required by the building official, such as plans, diagrams, computations and specification.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICATIONS MUST BE ACCOMPANIED BY A COMPLETE SET OF SITE PLANS INCLUDING SITE ENGINEERING, LANDSCAPING, EROSION CONTROL, STORM WATER CALCULATIONS, ARCHITECTURAL PLANS THAT DETAIL THE EXTERIOR OF ALL BUILDINGS AND SITE LAYOUT. A MINIMUM OF 30 DAYS PRIOR TO THE NEXT REGULARLY SCHEDULED PLANNING & ZONING MEETING IN ORDER TO BE CONSIDERED FOR REVIEW AT THAT MEETING (1<sup>ST</sup> TUESDAY OF EACH MONTH). TWO SETS OF COMPLETE PLANS TO BE DELIVERED TO:**

**SHAFER, KLINE & WARREN  
1700 SWIFT AVE STE 100  
NORTH KANSAS CITY, MISSOURI 64116  
(816) 756-0444 FAX (816) 756-1763**

**ATTN: STEVE BAKER**

\_\_\_\_\_  
**Applicant**

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
**Applicant Signature (President if Company)**

\_\_\_\_\_  
**Engineer**

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
**Engineer Signature**

\_\_\_\_\_  
**Builder**

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State Zip

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
**Builders Signature**

\_\_\_\_\_  
**Architect**

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State Zip

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
**Architect Signature**

**FOR OFFICIAL USE ONLY**

SITE PLAN PERMIT NO.: \_\_\_\_\_

SITE PLAN REVIEW FEE DEPOSIT: \_\_\_\_\_  
**(ADDITIONAL FEES MAY APPLY)**

DATE PAID: \_\_\_\_\_

APPROVED BY:

\_\_\_\_\_

**APPROVAL STAMP**