



**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

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 (1ST TUESDAY OF EACH MONTH). TWO SETS OF COMPLETE PLANS TO BE DELIVERED TO:

SHAFER, KLINE, & WARREN, INC
2005 SWIFT
NORTH KANSAS CITY, MO 64108
(816) 756-0444 FAX (816) 756-1763

ATTN: STEVE BAKER
MIKE DUFFY

**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**