



City of Byrnes Mill

141 Osage Executive Circle • Byrnes Mill, MO 63051

t: (636) 677-7727 • f: (636) 677-5533

www.byrnesmill.org

OFFICE USE ONLY

Application Fee: Cash Check Credit/Debit

Amount: _____ Date: _____

P&Z Agenda Fee: Cash Check Credit/Debit

Amount: _____ Date: _____

P&Z Meeting Date: _____

LOT SPLIT/CONSOLIDATION APPLICATION

Applicant Name: _____

Applicant Address: _____

Phone # _____ Email: _____

Applicant Interest in Property: _____

Owner Name: _____

Owner Address: _____

Phone # _____ Email: _____

County Parcel Number: _____

Current Property Size: _____ Present Use: _____

Intended Property Size: _____ Intended Use: _____

INCLUDE THE FOLLOWING WITH YOUR APPLICATION:

- TYPED ORIGINAL PROPERTY LEGAL DESCRIPTION
- TYPED LEGAL DESCRIPTION OF INTENDED PROPERTY
- THREE (3) COPIES OF PROPERTY SURVEY BY REGISTERED SURVEYOR (SEALED)
- ONE (1) DIGITAL COPY OF PROPERTY SURVEY ON CD
- PLAT OF REAL PROPERTY AFFECTED BY LOT SPLIT/CONSOLIDATION
- LOT SPLIT/CONSOLIDATION APPLICATION ADMINISTRATIVE FEE OF \$25.00
- PLANNING & ZONING COMMISSION AGENDA APPLICATION
- PLANNING & ZONING COMMISSION AGENDA APPLICATION FEE OF \$25.00

Applicant Signature: _____

Date: _____

Owner Signature: _____

Date: _____



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PLANNING & ZONING COMMISSION AGENDA APPLICATION

Title of Project: _____

Location of Project: _____

Subject for Agenda: _____

Representative:

Name: _____

Company Name: _____

Address: _____

Phone: _____ Email: _____

Owner:

Name: _____

Address: _____

Phone: _____ Email: _____

Applicant:

Architect Engineer Contractor Agent Owner (Circle One)

The undersigned hereby requests to be placed on the Planning & Zoning Commission Agenda on the _____ day of _____, _____.

There is a \$25.00 application fee to be placed on the next Planning & Zoning Commission Agenda. All required documentation and applications must be received two (2) weeks prior to the meeting.

Applicant Signature: _____ Date: _____

Applicant Name (Print): _____ Title: _____