

City of Manchester
 14318 Manchester Road
 Manchester, MO 63011
 P: (636) 227-1385 ex. 118
 F: (636) 821-8099
pandz@manchestermo.gov



Subdivision Application

SUBDIVISION ADDRESS: _____	
Owner: _____	
Address: _____	Phone: _____
City, State, Zip: _____	Email: _____
Applicant: _____	
Address: _____	Phone: _____
City, State, Zip: _____	Email: _____
Contract Purchaser: _____	
Address: _____	Phone: _____
City, State, Zip: _____	Email: _____
Submit application along with the required sets of place (preferable reduced to 11" x 17" size plans) to the Planning and Zoning Department accompanied by \$200 per lot Fee for Subdivision Review Approval.	
Please check one: <input type="checkbox"/> Preliminary plat (2 sets of plans required with an electronic copy) <input type="checkbox"/> Final plat (2 sets of plans required with an electronic copy)	
Additional sets of plans will be required upon review	
Existing Zoning: _____	Number of Lots: _____
Proposed Subdivision Description	
I hereby certify that the information contained in this application and accompanying documents are correct, and that I will conform to all applicable laws of the City of Manchester.	
Applicant Signature: _____ Date: _____	
Applicant's Name Printed: _____	
Property Owner's Signature: _____ Date: _____	
Property Owner's Name Printed: _____	
FOR OFFICE USE ONLY BELOW	
<u>ZONING APPROVAL</u>	Case #: _____
Approved by: _____	Date: _____
<small>Director, Planning, Zoning and Economic Development</small>	
Zoning Fees	Fee paid on: _____ Amount: _____