



# SITE PLAN APPLICATION

City of Manchester, 14318 Manchester Rd., Manchester, MO 63011

Ph: 636 227 1385, Ext. 107; Fax: 636 821 8099

## REQUIREMENT CHECK LIST (Check all that apply)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Cover sheet                                   | <input type="checkbox"/> Drainage area plan | <input type="checkbox"/> Lighting plan       |
| <input type="checkbox"/> Boundary & topo. Survey (existing conditions) | <input type="checkbox"/> Utility plan       | <input type="checkbox"/> Landscape plan      |
| <input type="checkbox"/> Site plan                                     | <input type="checkbox"/> Profile sheet      | <input type="checkbox"/> Building elevations |
| <input type="checkbox"/> Grading plan                                  | <input type="checkbox"/> Detail sheet       |  |

Please submit completed application along with **twenty (20) sets** (reduced to 11" x 17" size) of the above requirements to the Planning and Zoning Department.

**Fee for Site Plan Application:** Residential - **\$25.00**; Commercial - **\$100.00**

### PLEASE PRINT

<b>Applicant Name</b>			
<b>Applicant Company</b>			
<b>Street address</b>			
<b>City/State</b>		<b>ZIP</b>	
<b>Phone</b>		<b>FAX</b>	
<b>Site Plan Location</b>			
<b>Existing Zoning</b>			
<b>Proposed Use</b>			
<b>Description of Property</b>			

<b>Property Owner</b>			
<b>Street Address</b>			
<b>City/State</b>		<b>ZIP</b>	
<b>Phone</b>		<b>FAX</b>	

<b>Contract Purchaser</b>			
<b>Street Address</b>			
<b>City/State</b>		<b>ZIP</b>	
<b>Phone</b>		<b>FAX</b>	

Applicant \_\_\_\_\_ Date \_\_\_\_\_

### PLANNING AND ZONING USE ONLY

Case # \_\_\_\_\_

Received By \_\_\_\_\_ Date \_\_\_\_\_  
 Director, Planning and Zoning and Economic Development

Site Plan Approval Fee  Fee paid on \_\_\_\_\_ Amount: \$ \_\_\_\_\_