

CITY OF LAKE LOTAWANA
DEVELOPMENT APPROVAL APPLICATION FORM

100 Lake Lotawana Road · Lake Lotawana, Missouri 64086 · Tel: (816) 578-4215 · Fax: (816) 578-4035 · www.lake-lotawana.mo.us

INSTRUCTIONS: This Application and all required fees and information must be submitted in accordance with the City of Lake Lotawana Municipal Ordinance and the City of Lake Lotawana Zoning and Subdivision Regulations. All information requested in this application must be provided and answered completely.

PART I: TO BE COMPLETED BY APPLICANT		
APPLICATION INFORMATION		
APPLICATION FOR (CHECK APPROPRIATE BOX):		
<input type="checkbox"/> ADMINISTRATIVE APPEAL <input type="checkbox"/> ANNEXATION <input type="checkbox"/> COMPREHENSIVE PLAN AMENDMENT <input type="checkbox"/> CONCEPT PLAN <input type="checkbox"/> CONDITIONAL USE PERMIT <input type="checkbox"/> CONSTRUCTION PLANS <input type="checkbox"/> DEVELOPMENT CODE AMENDMENT <input type="checkbox"/> FINAL PLAT <input type="checkbox"/> LOT SPLIT	<input type="checkbox"/> NON-CONFORMING USE CERTIFICATE <input type="checkbox"/> PRELIMINARY PLAT <input type="checkbox"/> PLANNED DEVELOPMENT <input type="checkbox"/> REPLAT <input type="checkbox"/> REZONING / ZONING MAP AMENDMENT <input type="checkbox"/> SITE PLAN <input type="checkbox"/> VACATION <input type="checkbox"/> VARIANCE	FOR OFFICIAL USE ONLY Appn Number: _____ Date Received: _____ Received By: _____
BRIEF DESCRIPTION OF APPLICATION PURPOSE: _____ _____		
APPLICANT INFORMATION		
APPLICANT/AGENT (If Not Property Owner):		
Name: _____ Tel: (____) _____		
Business Name: _____ Fax: (____) _____		
Address: _____		
City: _____ State: _____ Zip Code: _____		
E-mail: _____		
PROPERTY OWNER (If Different from Applicant/Agent):		
Name: _____ Tel: (____) _____		
Business Name: _____ Fax: (____) _____		
Address: _____		
City: _____ State: _____ Zip Code: _____		
E-mail: _____		
ENGINEER/ARCHITECT/SURVEYOR:		
Name: _____ Tel: (____) _____		
Business Name: _____ Fax: (____) _____		
Address: _____		
City: _____ State: _____ Zip Code: _____		
E-mail: _____		

PROPERTY INFORMATION

PROPERTY ADDRESS OR GENERAL LOCATION (IN RELATION TO NEAREST STREETS):

PROPERTY TAX IDENTIFICATION NUMBER: _____

ZONING: Existing: _____ Proposed: _____

LAND USE: Existing: _____ Proposed: _____

GROSS SIZE OF PLAT/LOT:

Residential: _____ Commercial: _____ Industrial: _____ Other: _____ Total: _____

NUMBER OF LOTS:

Residential: _____ Commercial: _____ Industrial: _____ Other: _____ Total: _____

IMPROVEMENT CHARACTERISTICS:

Number of Buildings or Structures: _____ Total Building Area: _____

Maximum Height of Buildings or Structures: _____ Total Impervious Area: _____

EXISTING PUBLIC FACILITIES:

	Public	Private	Other (Describe)
Water Service:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Sanitary Sewer Service:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Roadway Access:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

FLOODPLAIN INFORMATION:

Floodway: Yes No FIRM Map-Panel Number: _____

Floodway Fringe: Yes No Zone: _____

ARE ANY OTHER PERMITS OR DEVELOPMENT APPROVALS REQUIRED, APPLIED FOR OR RECEIVED FOR THE APPLICATION PROPERTY BY THE CITY OR ANY OTHER JURISDICTION OR AGENCY?

Yes No If Yes, Describe Briefly and Attach a Copy of Each Permit, Approval or Application

APPLICANT/PROPERTY OWNER CERTIFICATION*

I/we acknowledge receipt of the instruction sheet explaining the method of submitting this application. I/we realize that this application cannot be processed unless it is completely filled in; is accompanied by a current abstractor's certificate as required in the instruction sheet; and is accompanied by the appropriate fee. I/we further certify that the foregoing information is true and correct to the best of our knowledge. I/we acknowledge that the City of Lake Lotawana Planning Commission, Board of Adjustment or Board of Aldermen shall have authority to impose such conditions as it deems necessary in order to serve the public interest and welfare.

Note: Submit the completed application (including signatures below) to the City. Depending upon the type of Development (see page 1), the City representative will advise the applicant for additional information required (see page 3).

Applicant Signature Date

Property Owner Signature Date

* This Application must bear the signature(s) of the property owner(s). If an authorized agent signs on the owner's behalf, the

agent shall sign his own name and attach the owner's written notarized authorization to this Application.

PART II - TO BE COMPLETED BY STAFF

DOCUMENTS TO BE SUBMITTED WITH APPLICATION**

- | | | |
|--|---|---|
| <input type="checkbox"/> Copy of Deed | <input type="checkbox"/> Easements and Covenants | <input type="checkbox"/> Location Map |
| <input type="checkbox"/> Site Plan | <input type="checkbox"/> Preliminary Plat | <input type="checkbox"/> Final Plat |
| <input type="checkbox"/> Infrastructure Plans | <input type="checkbox"/> Development Agreement | <input type="checkbox"/> Grading and Stormwater Plans |
| <input type="checkbox"/> Elevation Survey | <input type="checkbox"/> Traffic Impact Study | <input type="checkbox"/> Construction Plans |
| <input type="checkbox"/> Performance Agreement | <input type="checkbox"/> Proof of Notification | <input type="checkbox"/> Utility Plans |
| <input type="checkbox"/> Text Amendment Language | <input type="checkbox"/> Property Owner List | <input type="checkbox"/> Comprehensive Plan Amendment Justification |
| <input type="checkbox"/> Annexation Boundary Map | <input type="checkbox"/> Operating Characteristics Report | <input type="checkbox"/> Administrative Appeal Justification |
| <input type="checkbox"/> Variance Justification | <input type="checkbox"/> Other _____ | |

Additional document requirements provided to applicant on _____. The applicant is advised that the application is not accepted for public review until such time as the above identified documents are submitted and a Determination of Complete Application is certified.

_____	_____
Name	Title
_____	_____
Signature	Date

** Number of copies for submission determined by Deputy Zoning Administrator. The Zoning Administrator may request additional information as deemed necessary to properly evaluate the permit application.

APPLICATION REVIEW

DECISION-MAKING BODY: Staff Planning Commission Board of Alderman Board of Adjustment

DATE OF INITIAL HEARING(S): _____

FEE AMOUNT: \$ _____ **DATE FEE PAID:** _____

DETERMINATION OF COMPLETE APPLICATION:

I certify that the Development Approval Application and attached documents are sufficient in form and content for review and recommendation by the decision-making bodies of the City of Lake Lotawana. As such, all required notifications and hearings may proceed pursuant to City regulations and procedures. This certification does not preclude the review, recommendation and/or decision-making bodies from requesting additional information as deemed necessary to serve the public interest.

_____	_____
Name	Title
_____	_____
Signature	Date

PLANNING & ZONING COMMISSION
NOTICE OF HEARING

OFFICE USE ONLY
Case # _____
Fee Paid _____
Check # _____
Scheduled Date To Be Heard _____

Name of Applicant/Agent: _____

Location of Development: _____

The Zoning Administrator of Lake Lotawana, on the ____ day of _____, 20____ received the application of the above. A brief description of the application purpose: _____

Date _____

Zoning Administrator

Notification Letters Date Sent: _____ (Must go out minimum of 15 days before hearing)

Notice to Newspaper Date: _____ (Must be published minimum of 15 days before hearing)

Newspaper: _____

Notification Sign(s) Date Posted _____ (Must be posted minimum of 15 days before hearing)

Staff Report Included: _____ Yes _____ No

Planning & Zoning Commission Action:

Hearing Date: _____

Commission Action By Vote:

_____ Application Approved

_____ Application Disapproved

Concerns or Stipulations: _____

Signed: _____

Date _____

COMMISSION CHAIRPERSON