PSD FINAL SITE DEVELOPMENT PLAN APPROVAL PETITION

CITY OF BALLWIN	}	FEE:	$ 1,250.00
	}		
COUNTY OF ST. LOUIS	}	PAID:	_____
STATE OF MISSOURI	}	NUMBER:	_____

TO THE BOARD OF ALDERMEN
CITY OF BALLWIN

Type of Development Plan: _____

_____

Code Section under which Petition is being filed: _____

_____

Now comes *(print name of Petitioner)* _____
and states to the Board of Aldermen:

I. That he, she, it, they, has (have) the following legal interest in the tract of land and/or premises located within the corporate limits of Ballwin, Missouri, described in Section II of this petition.

   A. State Legal Interest: _____

   B. Documentation of Legal Interest must accompany this petition.

II. That the legal description of the property/premises, for which a subdivision plat is desired, is enclosed.

III. That a survey or drawing of the property/premises, for which a development plan approval is requested, is enclosed, and said drawing is to a scale of 100 feet or less to the inch.

IV. That the street address of said property is: _____

V. That the area (acres or square feet) of said property is: _____

VI. That the present zoning classification of said property is: _____

VII. That the present use of said property is: _____

VIII. That the intended use of said property is: _____

_____

IX. That the proposed development plan does not violate any private deed restrictions on said property.

X. That all information provided herein is true and a statement of fact.

I, the Petitioner, do hereby request an Ordinance of the Board of Aldermen approving and granting the herein requested Development Plan Approval.

PETITIONER: _____

AUTHORIZED SIGNATURE: _____

AUTHORIZED SIGNATURE (*PRINTED*): _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE NO: _____

E-MAIL: _____

I, (*print name of Petitioner*) _____, do hereby designate _____ as my agent for purposes of presenting this petition, negotiating with the City of Ballwin on all issues relative to this petition, and corresponding and communicating with representatives of the City of Ballwin relative to this petition.

AGENT'S SIGNATURE: _____

AGENT'S NAME (*PRINTED*): _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE NO: _____

E-MAIL: _____

Subscribed and sworn before me this _____ day of _____, 20____ .

_____
Notary Public

My Commission Expires

_____