



## SIMPLE LOT SPLIT APPROVAL PETITION

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CITY OF BALLWIN	}	FEE:	\$750.00
COUNTY OF ST. LOUIS	}	PAID DATE:	_____
STATE OF MISSOURI	}	NUMBER:	_____

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### TO THE BOARD OF ALDERMEN CITY OF BALLWIN

Name of Proposed Subdivision: \_\_\_\_\_

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 located within the corporate limits of Ballwin, Missouri, described in Section II.
  - A. State Legal Interest: \_\_\_\_\_
  - B. Documentation of Legal Interest must accompany this petition.
- II. That the legal description of the property, for which a subdivision plat is desired, is enclosed.
- III. That the enclosed survey or plat of the property, is drawn to a scale of 100 feet or less to the inch, shows the property for which a subdivision plat approval is requested, and complies with the subdivision ordinance of the City of Ballwin.
- IV. That the address of said property is: \_\_\_\_\_
- V. That the area (acres or square feet) of the proposed subdivision is: \_\_\_\_\_
- VI. That the present zoning classification of the petitioned property is: \_\_\_\_\_
- VII. That the present use of the petitioned property is: \_\_\_\_\_
- VIII. That the intended use of the petitioned property is: \_\_\_\_\_  
\_\_\_\_\_
- IX. That the deed restrictions, if any, on the petitioned property do not violate the provisions and requirements of the subdivision ordinance.

I, the Petitioner, do hereby request an Ordinance of the Board of Aldermen approving and granting the herein described Subdivision 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 \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires

\_\_\_\_\_