



SIMPLE LOT SPLIT APPROVAL PETITION

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

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
