

City of Clever
Planning & Zoning Department
P.O. Box 52
Clever, MO 65631

MINOR SUBDIVISION APPLICATION

LEGAL OWNER(s)

Name: _____
Mailing Address: _____
City, State, Zip: _____
Phone Number: _____
Email: _____

CONSULTANTS

Engineer/Surveyor: _____
Email: _____
Phone Number: _____

PROPERTY INFORMATION

Name of Subdivision: _____
Existing Zoning: _____
Proposed Use of Property: _____
Number of Proposed Lots: _____

REQUIRED ENCLOSURES

- 1. Five (5) 24" x 36" copies of plat or survey
- 2. Signed Guaranty of Payment form for 3rd party review fees

To the best of my knowledge and belief, data in this application and all attachments thereto are true and correct.

Owner(s) Signature: _____ Date: _____
Name (print): _____ Date: _____
Received by: _____ Date: _____