



City of Warrensburg
102 S. Holden
Warrensburg, MO 64093
PH: 660.747.9135
FX: 660.747.8927

Preliminary Plat Application

Plat Name: _____ **Date Plat Submitted:** _____

Location: _____

Attach current legal description of all the property included in the proposed plat

Developer: _____	Engineering Firm: _____
Address: _____	Contact Person: _____
_____	Address: _____
Phone #: _____	_____
Fax #: _____	Phone #: _____
	Fax #: _____

Project Characteristics

Zoning: _____ Floodplain Zone: _____

No. of Lots _____ Total Acres: _____

The undersigned person(s) hereby certify they are the owner (s) of record of the entire fee simple interest in the real estate included in the proposed plat.

Owner's Name: _____ Signature: _____

Address: _____

Owner's Name: _____ Signature: _____

Address: _____

For Office Use Only: Submit completed application to Planner

Filing Fee: \$250 Date Paid: _____