

SUBDIVISIONS, BOUNDARY ADJUSTMENT AND LOT CONSOLIDATION PLATS

Date of Application: _____

The following **must be submitted** with application:

1. An electronic copy of the proposed plat changes in at least 22"x34" in dimensions (pdf formatted). Alternatively, the City will accept one (1) hard copy (either 18"x24" or 22"x34" in dimensions).
2. Paid real estate tax receipt(s) for the affected parcel(s) from the Collector of Revenue's Office for the previous year (Other forms of tax receipt payment i.e. sales transaction receipt is also acceptable).

Legal Name of Business: _____

Application for: 1. Subdivision _____ 2. Lot Consolidation _____ 3. Boundary Adjustment _____

Exact Address of affected parcel(s): _____

City Block Number: _____

Owner of Property: _____

Contact Person: _____

Contact Person Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person Phone Number: _____ Fax Number: _____

Contact E-Mail Address: _____

Any questions and all information must be submitted to the Office of the Secretary (BPSOfficeoftheSecretary@stlouis-mo.gov). Or alternatively, hard copies of the materials may be mailed and submitted at:

OFFICE OF THE SECRETARY

Board of Public Service
1200 Market, Room 300
St. Louis, Missouri 63103
Phone Number: (314) 622-4627 and (314) 622-4650
Fax (314) 589-6598

Signature of Applicant or Authorized Persons: _____

Print Name: _____