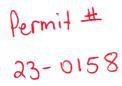


SUBDIVISION APPLICATION City of Jackson, Missouri



NAME OF SUBDIVISION: EAGLE VIEW SUBDIVISION DATE OF APPLICATION: 10/25/2023 **TYPE OF APPLICATION:** X PRELIMINARY PLAT FINAL PLAT MINOR SUBDIVISION RESUBDIVISION **PROPERTY OWNERS** (all legal property owners as listed on current deed, including trusts, LLCs, etc): Property Owner Name(s): ROBERT & BELINDA PHILLIPS Mailing Address: 651 ROYAL LAKE DRIVE City, State ZIP: CAPE GIRARDEAU, MO 63701 ENGINEER / SURVEYING COMPANY: STRICKLAND ENGINEERING Engineer / Surveyor Contact: BRIAN STRICKLAND Mailing Address: 113 W MAIN STREET, SUITE 1 City, State ZIP: JACKSON, MO 63755 Contact's Phone: <u>573-243-4080</u> **CONTACT PERSON HANDLING APPLICATION:** Contact Name: SHAWN WREN Mailing Address: 5790 STATE HWY 61 City, State ZIP: JACKSON, MO 63755 Contact's Phone: <u>573-204-7046</u> Email Address (if used): wrenhomes@gmail.com **CURRENT ZONING:** (circle all that apply) (Single-Family Residential) C-1 R-1 (Local Commercial) R-2) C-2 (Single-Family Residential) (General Commercial) R-3 (One- And Two-Family Residential) C-3 (Central Business) R-4 (General Residential) C-3 (Central Business) MH-1 (Mobile Home Park) C-4 (Planned Commercial) 0-1 (Professional Office) 1-1 (Light Industrial)

1-2

(Heavy Industrial)

CO-1 (Enhanced Commercial Overlay)

Will a rezoning or a special use permit request be submitted in conjunction with the proposed development? YES NO O

LEGAL DESCRIPTION OF TRACT: Submit a copy of the most current deed for the property being divided.

OWNER SIGNATURES:

I state upon my oath that all of the information contained in this application is true. (Signatures of all persons listed on the current property deed and the authorized signer(s) for any owning corporation or

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Please submit the completed application along with the applicable application fee to:

Larry Miller
Building & Planning Manager
City of Jackson
101 Court Street
Jackson, MO 63755

Ph: 573-243-2300 ext. 29 Fax: 573-243-3322

Email: Imiller@jacksonmo.org