

SUBDIVISION APPLICATION FORM

City of Jackson, Missouri

| NAME OF SUBDIVISION: WILLIAMS CREEK ESTATES | | | | | |
|---|---|----------------------------------|-----------------------------|---|---|
| DATE OF APPLICATION: MARCH 11, 2025 | | | | | |
| PROPERTY OWNERS: (all legal property owners exactly as listed on the deed) | | | | | |
| Names, Addresses & Phone #s: SM RICHARDS PROPERTIES LLC 3071 LEXINGTON CAPE GIRARDEAU, MO 63701 | | | | | |
| CONTACT PERSON HANDLING APPLICATION: | | | | | |
| Contact's | ct's Name: CHRIS KELLEY | | | | |
| Contact's | act's Mailing Address: 2121 MEGAN DRIVE CAPE GIRARDEAU, MO | | | | |
| Contact's | t's Phone: (573)339-5900 | | | | |
| ENGINEER / SURVEYOR: | | | | | |
| Company Name, Addresses & Phone #: BOWEN ENGINEERING AND SURVEYING, P.C. 2121 MEGAN DRIVE CAPE GIRARDEAU, MO 63701 | | | | | |
| TYPE OF SUBDIVISION APPLICATION: (check all applicable items) Preliminary plat approval Final plat approval | | | | | |
| Minor subdivision approval | | | e-subdivision plat approval | | |
| LEGAL DESCRIPTION OF TRACT: (attach separate page if necessary) | | | | | |
| | | | | | |
| ZONING: Indicate the current zoning district classification of the entire tract to be developed (circle all that apply): | | | | | |
| R-2 S R-3 G R-4 G MH-1 I | Single Family Resi Single Family Resi One and Two Fam General Residentia Mobile Home Park Enhanced Comme | dential ily Residential al | | C-1 C-2 C-3 C-4 CO-1 I-1 I-2 I-3 | Local Commercial General Commercial Central Business District Planned Commercial District Enhanced Commercial Overlay Light Industrial Heavy Industrial Planned Industrial Park |
| Will a rezoning or a special use permit request be submitted in conjunction with the proposed development? YES NO NO | | | | | |

OWNERS' SIGNATURES:

I state upon my oath that all of the information contained in this application is true. (Original signatures of all persons listed in Item No. 3)

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

Building & Planning Superintendent City of Jackson 101 Court Street Jackson, MO 63755

Ph: 573-243-2300 ext. 29

Fax: 573-243-3322

Email: permit 5 @jacksonmo.org