

## SUBDIVISION APPLICATION FORM

## City of Jackson, Missouri

NAME OF SUBDIVISION	:Deer Ridge Subd	ivision		_	
DATE OF APPLICATION	N:May 28, 2025				
PROPERTY OWNERS: (all legal property owners exactly as listed on the deed)					
Names, Addresses & Phone #s: WPSD Properties, LLC 1807 N. High Street Jackson, MO 63755 573-243-3200					
CONTACT PERSON HANDLING APPLICATION:					
Contact's Name:	Ryan Brase				
Contact's Mailing Addres	2121 Megan Dr. Cape Girardeau, MO				
Contact's Phone:	573-339-5900				
ENGINEED / SUBVEYOR:					
ENGINEER / SURVEYOR:					
Company Name, Addresses & Phone #: Bowen Engineering & Surveying 2121 Megan Dr. Cape Girardeau, MO 63701 573-339-5900					
TYPE OF SUBDIVISION APPLICATION: (check all applicable items)					
Preliminary plat approval		Final plat a	al plat approval		
Minor subdivision approval		Re-subdivision plat approval			
LEGAL DESCRIPTION OF TRACT: (attach separate page if necessary)					
<b>ZONING:</b> Indicate the current zoning district classification of the entire tract to be developed (circle all that apply):					
R-1 Single Family Re R-2 Single Family Re R-3 One and Two Fa R-4 General Resider MH-1 Mobile Home Pa CO-1 Enhanced Comm	sidential mily Residential tial rk	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					

## **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)

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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: permits@jacksonmo.org