



Planned Development District (PDD) Application

Community Development Department
 Phone: (417) 732-3150
 Email: permits@republicmo.com

NOTICE: Fees for this application will be collected at the time of submission

		Application Date:	Case No:
Site Information	Project Address:		
	Legal Description:		
Legal Description <i>(office use only)</i>	Existing Zoning: _____		
Billing Information	Billing Address:		
Legal Owner Information	Name:		
Name (Company):			
Address:		City:	State:
Email Address:		Phone Number:	Zip:
Owner Representative Information	Name:		
Address:		City:	State:
Email Address:		Phone Number:	Zip:
Project Information	Project Name:		
Parcel Identification Numbers: _____			
Project Description: _____			

By signing this application form, I hereby acknowledge that the information I have provided is complete and accurate to the best of my knowledge. Furthermore, I acknowledge my responsibility to conform to the applicable federal, state and local regulations pertaining to the project described by this application and attachments. I also understand that this application will expire within 180 days of the date of my signing, unless extended in writing by the Building Official.

Date _____ Name (please print) _____ Signature _____

OFFICE USE ONLY

Application Type: _____

Building Code Review

Comments: _____
_____ Date: _____

Zoning Code Review

Comments: _____
_____ Date: _____

Floodplain Review

Comments: _____
_____ Date: _____

Fire Code Review

Comments: _____
_____ Date: _____

Public Works Review—Utilities

Comments: _____
_____ Date: _____

Public Works Review—Transportation

Comments: _____
_____ Date: _____

Public Works Review—Stormwater

Comments: _____
_____ Date: _____

Approved

Denied

Meeting

Final Determination:

BOA _____

P&Z _____

Council 1st _____

Council 2nd _____

Reviewed by: _____ on _____