



SUBDIVISION PLAT APPLICATION CITY of CAPE GIRARDEAU

DEVELOPMENT SERVICES DEPARTMENT, 401 INDEPENDENCE ST, CAPE GIRARDEAU, MO 63703 (573) 339-6327

| | | | |
|--|---|---|-------------------------|
| Name of Subdivision SOUTHEAST HEALTH WEST CAMPUS AMENDED | | Type of Plat <input type="checkbox"/> Boundary Adjustment <input type="checkbox"/> Preliminary <input checked="" type="checkbox"/> Record | |
| Applicant SOUTHEAST HEALTH | | Property Owner of Record (if other than Applicant) | |
| Mailing Address 1701 LACEY STREET | City, State, Zip Cape Girardeau, MO 63701 | Mailing Address | City, State, Zip |
| Telephone 573-651-5528 | Email bgilliland@sehealth.org | Telephone | Email |
| Contact Person (If Applicant is a Business or Organization) Brian Gilliland | | <i>(Attach additional owners information, if necessary)</i> | |
| Professional Engineer/Surveyor (if other than Applicant) Bowen Engineering & Surveying | | Developer (if other than Applicant) | |
| Mailing Address 2121 Megan Drive | City, State, Zip Cape Girardeau, MO 63701 | Mailing Address | City, State, Zip |
| Telephone 573-339-5900 | Email chriskelley@bowenengsurv.com | Telephone | Email |

ADDITIONAL ITEMS REQUIRED

See Instructions for more
information.

In addition to this completed application form, the following items must be submitted:

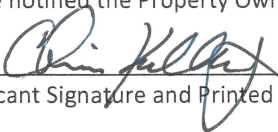
- ☒ Review Fee (payable to City of Cape Girardeau)
 - Single-Family or Two-Family Residential: \$20.00 per lot (\$100.00 minimum)
 - Multi-Family Residential: \$20.00 per dwelling unit (\$100.00 minimum)
 - Non-Residential : \$20.00 per acre (\$100.00 minimum)
- ☒ Recording Fee Deposit (payable to City of Cape Girardeau)

| Sheet Size | Record Plat | Boundary Adjustment Plat |
|------------|-------------|--------------------------|
| 18" x 24" | \$44.00 | \$24.00 |
| 24" x 36" | \$69.00 | \$29.00 |

(The City reserves the right to issue a partial refund or collect an additional fee if the actual recording cost differs from the deposit amount)
- ☒ Two (2) full size prints of the plat
- ☒ Digital file of the plat in .pdf format (can be emailed to cityplanning@cityofcape.org)
- ☒ Completed minimum requirements checklist

CERTIFICATION

I hereby certify that I am the sole Property Owner of Record or an agent duly authorized by the Property Owner(s) of Record to file this application on their behalf. Furthermore, I hereby acknowledge that the plat submitted with this application must meet certain requirements in order to be approved including, but not limited to: a) successfully addressing all review comments, and b) any and all new public improvements for the subdivision being completely installed and ready for acceptance by the City and/or covered under a performance guarantee agreement in accordance with the City's Code of Ordinances. If I am an agent, I hereby certify that I have notified the Property Owner(s) of Record and the developer of these requirements.


Applicant Signature and Printed Name

08/10/2021

Date

OFFICE USE ONLY

Date Received & By 8-11-21 File # _____ MUNIS Application # 10434 MUNIS Permit # _____

Review Fee Received \$ 1,240 Recording Fee Received \$ 69 ☐ Check # 28301 ☐ Credit Card ☐ Cash

Preliminary and Record Plats:

Planning & Zoning Commission Recommendation _____ Date _____ City Council Final Action _____ Date _____