



Department of Public Works

One Detjen Drive | Crestwood, MO 63126 | 314-729-4720

Plat-Boundary Adjustment Permit Application

Application Fee, see Fee Schedule

Date of Application: \_\_\_\_\_ Permit # \_\_\_\_\_

Project Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Legal Description: \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant/Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Surveyor/Engineer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

If applicable, # of units or lots: \_\_\_\_\_

Address and legal description of property (description may be attached): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I declare that this application is true and correct to the best of my knowledge.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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OFFICE USE ONLY

Date of P&Z Mtg: \_\_\_\_\_ Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Date of BOA Mtg: \_\_\_\_\_ Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Date Paid \_\_\_\_\_ Fee Payment \_\_\_\_\_ Cost of units/lots \_\_\_\_\_ Total Paid \_\_\_\_\_

Payment by Cash \_\_\_\_\_ Check # \_\_\_\_\_ Receipt # \_\_\_\_\_ Rec'd by \_\_\_\_\_