

City of Webb City

APPLICATION FOR ADMINISTRATIVE EXEMPTION

___ Lot split ___ Lot line adjustment ___ Lot consolidation

(Check one)

Owner Information:

Name: _____

Address: _____

Telephone: _____

CITY USE ONLY	
Application Rec'd	_____
Initial Review	_____
Review Completed	_____
Consent Agenda	_____
Filed Survey Rec'd	_____

Property Information:

Name of Subdivision: _____

Zoning District: _____

Property Address(es): _____

Parcel Information (attach additional sheet if necessary):

Existing Area of Parcel(s): _____

Proposed Area of Parcel(s): _____

Proposed Parcel Dimensions: _____

Proposed Parcel Frontage: _____

Signatures :

(Signature and Title)

(Date)

(Signature of Mayor or Designee)

(Date)

(Note: A filed copy of the professional survey must be returned to City Hall)