



LEE'S SUMMIT MISSOURI

MINOR PLAT APPLICATION

1. SUBDIVISION NAME: Lee's Summit Town Center Lot 3
2. PROPERTY LOCATION: Town Centre Dr & Independence Ave
3. ZONING OF PROPERTY: CP-2 PROPOSED COMMENCEMENT DATE: _____
4. LEGAL DESCRIPTION (attach if description is metes and bounds description): Attached
5. TOTAL NO. OF LOTS: 1 COMMON AREA AGREAGE: _____ TOTAL ACRES: 4.25
6. APPLICANT (DEVELOPER) Same PHONE _____
CONTACT PERSON _____ FAX _____
ADDRESS _____ CITY/STATE/ZIP _____
E-MAIL _____
7. PROPERTY OWNER Lee's Summit Town Centre, LLC PHONE 612-573-3689
CONTACT PERSON David Gevers FAX 612-330-0959
ADDRESS 6515 Grand Teton Plaza Suite 300 CITY/STATE/ZIP Madison WI 53719
E-MAIL dgevers@ejplesko.com
8. ENGINEER/SURVEYOR Area Surveyors PHONE 816-941-7557
CONTACT PERSON Tom Clemons FAX _____
ADDRESS P.O. Box 324 CITY/STATE/ZIP Grandview Mo. 64030
E-MAIL survey@kc.rr.com
9. OTHER CONTACTS _____ PHONE _____
CONTACT PERSON _____ FAX _____
ADDRESS _____ CITY/STATE/ZIP _____
E-MAIL _____

All applications require the signature of the owner on the application and on the ownership affidavit. Applications without the proper signatures will be deemed incomplete and will not be processed.

Lee's Summit Town Centre, LLC
By: E.J. Plisko & Associates, Inc. - Agent
By: [Signature]
PROPERTY OWNER

APPLICANT

Print name: Adam E. Plisko
President

Receipt #: _____ Date Filed: _____ Processed by: _____ Application # _____

REVISED APRIL 2019

