

## **Rezoning and Preliminary Development Plan Application**

| 1.   | PROPERTY LOCATION/ADDRESS: Vacant Ground North of SW 3rd Street                     |                   |                        |  |
|--|---|-------------------|------------------------|--|
| 2. FROM DISTRICT AG - Agricultural / R-1 - Single Family Res TO DISTRICT R-1 - Single Family Residential   |   |                   |                        |  |
| 3.   | LEGAL DESCRIPTION (attach if description is metes and bounds description): Attached |                   |                        |  |
|  |   |                   |                        |  |
|  |   |                   |                        |  |
| 4.   | Size of Building(s) (sq. ft):   | Lot Area (acres): |                        |  |
| 5.   | APPLICANT (DEVELOPER) _ Engineering Solutions                                       | s PHONE           | 816-623-9888           |  |
|  | CONTACT PERSON Matt Schlicht  | FAX               | 816-623-9849           |  |
|  | ADDRESS 50 SE 30th St   | CITY/STATE/ZIP    | Lee's Summit, MO 64082 |  |
|  | E-MAIL mschlicht@es-kc.com  |                   |                        |  |
| 6.   | PROPERTY OWNER GALE COMMUNITIES IN  | C PHONE           | (816) 805-5308         |  |
| •  | -   | FAX               |                        |  |
|  | ADDRESS 400 SW Longview Blvd. Suite   | 400               | Lees Summit, MO 64081  |  |
|  | E-MAILcgale@galecommunities.  |                   |                        |  |
| 7  | ENGINEER/SURVEYOR Engineering Solutions   | PHONE             | 816_623_9888           |  |
|  |   | FAX               | 816-623-9849           |  |
|  | ADDRESS 50 SE 30th St   | CITY/STATE/ZIP    | Lee's Summit, MO 64082 |  |
|  | E-MAIL mschlicht@es-kc.com  | OIT //OIAT DZI    |                        |  |
| •  |   |                   |                        |  |
|  | OTHER CONTACTS  |                   |                        |  |
|  | CONTACT PERSON  |                   |                        |  |
|  | ADDRESSE-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.  PROPERTY OWNER  APPLICANT |   |                   |                        |  |
| Print name:CUTTER_GAUE //April 5000  |   |                   |                        |  |
| Receipt #:Date Filed:Processed by:Application #  |   |                   |                        |  |



## **OWNERSHIP AFFIDAVIT**

| STATE OF MISSOURI )  | SS.  |  |  |
|--|--|--|--|
| COUNTY OF JACKSON )  | 30.  |  |  |
| Comes nowCutte   | 2 GALE (owner)   |  |  |
| who being duly sworn upon his/her oath, does state that he/she is the owner of the property  |  |  |  |
| legally described as ATTACHED  |  |  |  |
|  |  |  |  |
| ( <u></u>  |  |  |  |
| in the application for VEZON type of a   | ING PREUMINARY DEVELOPMENT PLAN application (e.g., rezoning, special use permit, etc.) |  |  |
| Owner acknowledges the submission  | on of said application and understands that upon approval                              |  |  |
| of the application the proposed use specified in the application will be a permitted use upon  |  |  |  |
| the subject property under the City of Lee's Summit Unified Development Ordinance.   |  |  |  |
|  |  |  |  |
| Dated  | this 6th day of AUGUST , 2020  |  |  |
|  | SELL   |  |  |
|  | Signature of Owner   |  |  |
|  | CUTTER GALE  |  |  |
|  | Printed Name   |  |  |
| Subscribed and sworn to before me  | this day of Aug , 2000   |  |  |
| Watte w  | Notary Public  |  |  |
| TAMMY D. BUTLER  Notary Public ———   | 3-6-2022   |  |  |
| Notary Seal  | My Commission Expires  |  |  |
| STATE OF MISSOURI<br>Commission # 92450885   |  |  |  |
| STATE OF THE STATE | REVISED AUGUST 2019  |  |  |