



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 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 INC PHONE (816) 805-5308
CONTACT PERSON Cutter Gale FAX _____
ADDRESS 400 SW Longview Blvd. Suite 109 CITY/STATE/ZIP Lees Summit, MO 64081
E-MAIL cgale@galecommunities.com
7. ENGINEER/SURVEYOR Engineering Solutions 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
8. 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.

PROPERTY OWNER
Print name: CUTLER GALE

APPLICANT

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

