



# LEE'S SUMMIT MISSOURI

## OWNERSHIP AFFIDAVIT

STATE OF MISSOURI )

ss.

COUNTY OF JACKSON )

Comes now Robert Clifton (owner)

who being duly sworn upon his/her oath, does state that he/she is the owner of the property legally described as \_\_\_\_\_

Replat of lots 9-28, Westvale Addition  
Tract A

in the application for Replat  
type of application (e.g., rezoning, special use permit, etc.)

Owner acknowledges the submission 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 20 day of Nov, 2020

Signature of Owner

Robert Clifton

Printed Name

Subscribed and sworn to before me this 20<sup>th</sup> day of Nov, 2020

JEFFREY W. HAYWOOD  
Notary Public-Notary Seal  
STATE OF MISSOURI  
County of Jackson

My Commission Expires: 7-13-2023  
Commission #15387329

Notary Public

7-13-2023

My Commission Expires



## PRELIMINARY DEVELOPMENT PLAN APPLICATION

1. PROJECT NAME: WESTVALE ADDITION
2. PROPERTY LOCATION/ADDRESS: NW CHIPMAN RD AT NW FIELDCREST DR, LEES SUMMIT  
MO 64081
3. ZONING OF PROPERTY: RP-2
4. LEGAL DESCRIPTION (attach if description is metes and bounds description):  
REPLAT OF LOTS 9-28, WESTVALE ADDITION TRACT A.
5. Size of Building(s) (sq. ft): \_\_\_\_\_ Lot Area (acres): 1.23
6. 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
7. PROPERTY OWNER TWIN PROPERTIES KC LLC PHONE \_\_\_\_\_  
CONTACT PERSON \_\_\_\_\_ FAX \_\_\_\_\_  
ADDRESS 401 SW WARD RD STE 200 CITY/STATE/ZIP LEE'S SUMMIT, MO 64081  
E-MAIL \_\_\_\_\_
8. 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
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.

  
\_\_\_\_\_  
PROPERTY OWNER

  
\_\_\_\_\_  
APPLICANT

Print name: Robert Clifton

Receipt #: \_\_\_\_\_ Date Filed: \_\_\_\_\_ Processed by: \_\_\_\_\_ Application # \_\_\_\_\_