



# LEE'S SUMMIT MISSOURI

## FINAL PLAT APPLICATION

1. SUBDIVISION NAME: Town Centre
2. PROPERTY LOCATION: N.E. Town Centre Dr. & N.E. Town Centre Blvd.
3. ZONING OF PROPERTY: AG PROPOSED COMMENCEMENT DATE: \_\_\_\_\_
4. PROPOSED USE(S) (e.g., single family, multi-family, retail, office, industrial):  
Warehouse & Storage & Batting Cage
5. LEGAL DESCRIPTION (attach if description is metes and bounds description):  
Lot 1, Lee's Summit Town Centre
6. TOTAL NO. OF LOTS: 3 COMMON AREA AGREEMENT: 0.81 TOTAL ACRES: 11.61

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7. APPLICANT (DEVELOPER) Same PHONE \_\_\_\_\_  
CONTACT PERSON \_\_\_\_\_ FAX \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_  
E-MAIL \_\_\_\_\_
8. PROPERTY OWNER WHD Management LLC PHONE 816-935-5019  
CONTACT PERSON Josh Wilson FAX \_\_\_\_\_  
ADDRESS P.O. Box 1059 CITY/STATE/ZIP Lee's Summit 64063  
E-MAIL jjwilson801213@gmail.com
9. ENGINEER/SURVEYOR Area Surveyors PHONE \_\_\_\_\_  
CONTACT PERSON Tom Clemens FAX \_\_\_\_\_  
ADDRESS P.O. Box 324 CITY/STATE/ZIP Grandview Mo. 64030  
E-MAIL srvey@kc.rr.com
10. 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: _____	_____

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