

Rezoning and Preliminary Development Plan Application

2. FROM DISTRICT CP-2 TO DISTRICT PL 3. LEGAL DESCRIPTION (attach if description is metes and bounds description): Attached 4. Size of Building(s) (sq. ft): 250,000 Lot Area (acres): 22.36 5. APPLICANT (DEVELOPER) Engineering Solutions PHONE 816-623-9888 316-623-9849 ADDRESS 50 SE 30th St CITY/STATE/ZIP Lee's Summit, MO 6408 E-MAIL mschlicht@es-kc.com 6. PROPERTY OWNER LEES SUMMIT TOWN CENTRE LLC PHONE CONTACT PERSON FAX ADDRESS 6515 GRAND TETON PLZ STE 300 CITY/STATE/ZIP MADISON, WI 53719 E-MAIL 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 6408 E-MAIL mschlicht@es-kc.com 8. OTHER CONTACTS PHONE FAX CITY/STATE/ZIP Lee's Summit, MO 6408 E-MAIL Schlicht FAX 816-623-9849 ADDRESS 50 SE 30th St CITY/STATE/ZIP Lee's Summit, MO 6408 E-MAIL Schlicht@es-kc.com 8. OTHER CONTACTS PHONE FAX ADDRESS CITY/STATE/ZIP Lee's Summit, MO 6408 E-MAIL Schlicht@es-kc.com ADDRESS CITY/STATE/ZIP LEE'S SUMMIT, MO 6408 ADDRESS SCHOOL	1.	PROPERTY LOCATION/A	ADDRESS: 2150 NE INDEPE	ENDENCE AVE, LE	ES SUMM	IIT, MO 64064				
4. Size of Building(s) (sq. ft):	2.	FROM DISTRICT CP-2		TO DISTRICT	Pl					
Section Part Part	3.									
CONTACT PERSON Matt Schlicht FAX 816-623-9849 ADDRESS 50 SE 30th St CITY/STATE/ZIP Lee's Summit, MO 6408 E-MAIL mschlicht@es-kc.com 6. PROPERTY OWNER LEES SUMMIT TOWN CENTRE LLC PHONE CONTACT PERSON FAX ADDRESS 6515 GRAND TETON PLZ STE 300 CITY/STATE/ZIP MADISON, WI 53719 E-MAIL CONTACT PERSON Matt Schlicht FAX 816-623-9888 CONTACT PERSON Matt Schlicht FAX 816-623-9849 ADDRESS 50 SE 30th St CITY/STATE/ZIP Lee's Summit, MO 6408 E-MAIL mschlicht@es-kc.com 8. OTHER CONTACTS PHONE CONTACTS PHONE CONTACT PERSON FAX ADDRESS CONTACT PERSON FAX ADDRESS CONTACT PERSON FAX ADDRESS CITY/STATE/ZIP E-MAIL All applications require the signature of the owner on the application and on the ownership affidav Applications without the proper signatures will be deemed incomplete and will not be processed.	4.	Size of Building(s) (sq. ft):	250,000	Lot Area (acre	es):2	2.36				
CONTACT PERSON Matt Schlicht FAX 816-623-9849 ADDRESS 50 SE 30th St CITY/STATE/ZIP Lee's Summit, MO 6408 E-MAIL mschlicht@es-kc.com 6. PROPERTY OWNER LEES SUMMIT TOWN CENTRE LLC PHONE CONTACT PERSON FAX ADDRESS 6515 GRAND TETON PLZ STE 300 CITY/STATE/ZIP MADISON, WI 53719 E-MAIL CONTACT PERSON Matt Schlicht FAX 816-623-9888 CONTACT PERSON Matt Schlicht FAX 816-623-9849 ADDRESS 50 SE 30th St CITY/STATE/ZIP Lee's Summit, MO 6408 E-MAIL mschlicht@es-kc.com 8. OTHER CONTACTS PHONE CONTACTS PHONE CONTACT PERSON FAX ADDRESS CONTACT PERSON FAX ADDRESS CONTACT PERSON FAX ADDRESS CITY/STATE/ZIP E-MAIL All applications require the signature of the owner on the application and on the ownership affidav Applications without the proper signatures will be deemed incomplete and will not be processed.	5.	APPLICANT (DEVELOPE	R) Engineering Solutions		PHONE	816-623-9888				
ADDRESS 50 SE 30th St E-MAIL						040 000 0040				
6. PROPERTY OWNER LEES SUMMIT TOWN CENTRE LLC PHONE CONTACT PERSON 5515 GRAND TETON PLZ STE 300 CITY/STATE/ZIP MADISON, WI 53719 E-MAIL 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 6408 E-MAIL mschlicht@es-kc.com 8. OTHER CONTACTS PHONE 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 affidav Applications without the proper signatures will be deemed incomplete and will not be processed. PROPERTY OWNER APPLICANT										
CONTACT PERSON 6515 GRAND TETON PLZ STE 300 CITY/STATE/ZIP MADISON, WI 53719 E-MAIL Engineering Solutions		E-MAIL mschli	cht@es-kc.com			-				
CONTACT PERSON 6515 GRAND TETON PLZ STE 300 CITY/STATE/ZIP MADISON, WI 53719 E-MAIL Engineering Solutions	6.	PROPERTY OWNER	LEES SUMMIT TOWN CEN	ITRE LLC	PHONE					
ADDRESS 6515 GRAND TETON PLZ STE 300 CITY/STATE/ZIP MADISON, WI 53719 E-MAIL										
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 6408 E-MAIL mschlicht@es-kc.com 8. OTHER CONTACTS PHONE CONTACT FAX ADDRESS CITY/STATE/ZIP E-MAIL All applications require the signature of the owner on the application and on the ownership affidav Applications without the proper signatures will be deemed incomplete and will not be processed. PROPERTY OWNER APPLICANT Print name:										
CONTACT PERSON Matt Schlicht FAX 816-623-9849 ADDRESS 50 SE 30th St CITY/STATE/ZIP Lee's Summit, MO 6408 E-MAIL mschlicht@es-kc.com 8. OTHER CONTACTS PHONE FAX ADDRESS CITY/STATE/ZIP E-MAIL ADDRESS CITY/STATE/ZIP CITY/STATE/ZIP E-MAIL All applications require the signature of the owner on the application and on the ownership affidav Applications without the proper signatures will be deemed incomplete and will not be processed. PROPERTY OWNER APPLICANT Print name:										
CONTACT PERSON Matt Schlicht FAX 816-623-9849 ADDRESS 50 SE 30th St CITY/STATE/ZIP Lee's Summit, MO 6408 E-MAIL mschlicht@es-kc.com 8. OTHER CONTACTS PHONE FAX ADDRESS CITY/STATE/ZIP E-MAIL ADDRESS CITY/STATE/ZIP CITY/STATE/ZIP E-MAIL All applications require the signature of the owner on the application and on the ownership affidav Applications without the proper signatures will be deemed incomplete and will not be processed. PROPERTY OWNER APPLICANT Print name:	7.	ENGINEER/SURVEYOR	Engineering Solutions		PHONE	816-623-9888				
ADDRESS 50 SE 30th St CITY/STATE/ZIP Lee's Summit, MO 6408 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 affidav Applications without the proper signatures will be deemed incomplete and will not be processed. PROPERTY OWNER APPLICANT Print name: APPLICANT			Matt Schlicht		FAX	816-623-9849				
8. OTHER CONTACTS		ADDRESS	50 SE 30th St	CITY/S1	ATE/ZIP	Lee's Summit, MO 64082				
CONTACT PERSON										
CONTACT PERSON	8.	OTHER CONTACTS			PHONE					
ADDRESS										
All applications require the signature of the owner on the application and on the ownership affidav Applications without the proper signatures will be deemed incomplete and will not be processed. PROPERTY OWNER APPLICANT Print name:										
Applications without the proper signatures will be deemed incomplete and will not be processed. PROPERTY OWNER APPLICANT Print name:		E-MAIL								
Print name:										
Receipt #:Date Filed:Processed by:Application #										
	Re	ceipt #:	Date Filed:Pro	cessed by:	Appli	cation #				



OWNERSHIP AFFIDAVIT

STATE OF MISSOURI)									
COUNTY OF JACKSON)	SS.								
Comes now				(owner)						
who being duly sworn upon his/her oath, does state that he/she is the owner of the property										
legally described as										
in the application for Rezoning and Preliminary Development Plan 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 t	this da	y of	, 20						
Signature of Owner										
	Printed Name									
Subscribed and sworn to befo	ore me t	this	day of	, 20						
	Notary Public									
	My Commission Expires									