



OWNERSHIP AFFIDAVIT

STATE OF MISSOURI)

ss.

COUNTY OF JACKSON)

Comes now Robert Thompson, Thompson Properties, LLC (owner)

who being duly sworn upon his/her oath, does state that he/she is the owner of the property
legally described in the proposed plat, titled Replat of Douglas Corner, Lots 1A and 1B

and acknowledges the submission of the application for subdivision of said property under the
City of Lee's Summit Unified Development Ordinance.

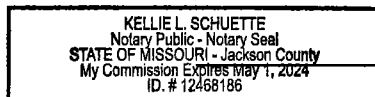
Dated this 9th day of May, 2023

[Signature]
Signature of Owner

Robert Thompson
Printed Name

Subscribed and sworn to before me this 9th day of May, 2023

[Signature]
Notary Public




My Commission Expires



MINOR PLAT APPLICATION

1. SUBDIVISION NAME: Replat of Douglas Corner, Lots 1A & 1B
2. PROPERTY LOCATION: 150 NE Tudor Road
3. ZONING OF PROPERTY: CP-2 PROPOSED COMMENCEMENT DATE: 8-1-23
4. LEGAL DESCRIPTION (attach if description is metes and bounds description):
Douglas Corner, Lots 1A & 1B
5. TOTAL NO. OF LOTS: 2 COMMON AREA AGREEMENT: N/A TOTAL ACRES: 4.88
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6. APPLICANT (DEVELOPER) Thompson Properties, LLC PHONE 816-678-6393
CONTACT PERSON Robert Thompson FAX _____
ADDRESS P.O. Box 2173 CITY/STATE/ZIP Lee's Summit/MO/64063
E-MAIL thompsonpropertiesls@gmail.com
7. PROPERTY OWNER Same As Applicant PHONE _____
CONTACT PERSON _____ FAX _____
ADDRESS _____ CITY/STATE/ZIP _____
E-MAIL _____
8. ENGINEER/SURVEYOR Hg Consult, Inc. PHONE 816-703-7098
CONTACT PERSON Kevin Sterrett, PE, PLS FAX _____
ADDRESS 1533 Locust St. CITY/STATE/ZIP Kansas City/MO/64108
E-MAIL ksterrett@hgcons.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
Print name: Robert Thompson


APPLICANT
Robert Thompson

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