



APPLICATION FOR LOT CONSOLIDATION PLAN APPROVAL

DATE OF APPLICATION: _____ **APPLICATION #:** _____

PROJECT ADDRESS: _____

Subdivision Name: _____

Street Name: _____

Parcel ID: _____

APPLICANT INFORMATION:

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Fax #: _____

Email Address: _____

PROPERTY OWNER INFORMATION (IF DIFFERENT THAN APPLICANT INFORMATION):

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Fax #: _____

Email Address: _____

NARRATIVE DESCRIPTION OF SUBDIVISION (PURPOSE, NUMBER OF LOTS, REQUIRED IMPROVEMENTS, ETC.):

Application for Lot Consolidation Plan Approval (Revised: October 2023)

Department of Community Development

Telephone Number (314) 227-2930 • Fax Number (314) 428-4960

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SURVEYOR INFORMATION:

Name: _____

Mailing Address: _____

City: _____

State: _____

Zip Code: _____

Phone #: _____

Fax #: _____

Email Address: _____

PARTIES OF INTEREST:

Name: _____

Mailing Address: _____

City: _____

State: _____

Zip Code: _____

Phone #: _____

Fax #: _____

Email Address: _____

PROJECT ROLE

Attorney _____

Site Engineer _____

Surveyor _____

Architect _____

Real Estate Agent _____

Planner _____

Developer _____

Other _____

PARTIES OF INTEREST:

Name: _____

Mailing Address: _____

City: _____

State: _____

Zip Code: _____

Phone #: _____

Fax #: _____

Email Address: _____

PROJECT ROLE

Attorney _____

Site Engineer _____

Surveyor _____

Architect _____

Real Estate Agent _____

Planner _____

Developer _____

Other _____

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NOTICE TO APPLICANT

Application is hereby made with willful consent of the Owner for a Lot Consolidation on the proposed land submitted for review as shown and described on this form and that of accompanying attachments all of which we certify to be true and accurate.

APPLICANT ACKNOWLEDGEMENT:

Signature: _____

Name: _____

Date: _____

FOR DEPARTMENT OF COMMUNITY DEVELOPMENT USE ONLY

PROJECT ADDRESS: _____

Date Received: _____ Application #: _____

P&Z Hearing Date: _____ C.C. Hearing Date: _____

Fee Paid: _____ Date Paid: _____

Approved: _____ Denied: _____ Date: _____