



City of Grandview – Development Services Application

APPLICANT Full Name: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____ Email: _____

PROPERTY OWNER Full Name _____
 Address _____
 City, State, Zip _____
 Phone _____ Email _____

ENGINEER/ SURVEYOR Full Name _____
 Address _____
 City, State, Zip _____
 Phone _____ Email _____

Please select the type of submittal from the list below.

PLANNED DISTRICT* Development Name: _____
 Conceptual Plan Development Location: _____
 Final Plan Proposed Use(s): _____
 Site Plan Review*
 Street Name Change Street Name from: _____ To: _____
 Conditional Use Proposed Use: _____
 Temporary Use

continue to next page
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AMENDMENT(S) TO

- Zoning Map
- Comprehensive Plan
- Ordinance Text

Existing Zoning: _____ Proposed Zoning: _____
 Existing Land Use: _____ Proposed Land Use: _____
 Land Area (in square feet or acres): _____
 Section: _____

SUBDIVISION*

- Preliminary Plat
- Final Plat
- Combination Plat
- Minor Subdivision
- Lot Line Adjustment
- Lot Consolidation

Subdivision Name**: _____
 Subdivision Location: _____

* Must submit six (6) physical copies and one (1) electronic copy for review
 ** Contact Jackson County GIS Department to ensure name does not already exist

**ZONING BOARD
OF ADJUSTMENT**

- Variance
- Appeal to Staff Decision
- Combination Plat

Requested Variance or Appeal: _____
 From Section: _____ of the Zoning Ordinance

Signature: _____ **Date:** _____

PLEASE NOTE: INCOMPLETE APPLICATIONS (missing attachments, payment, etc.) WILL NOT BE ACCEPTED BY CITY STAFF

* Submittal of plans requires six (6) physical copies and one (1) electronic PDF copy
 ** Contact Jackson County GIS Department to ensure name does not already exist