



City of Billings P.O. Box 207 Billings, MO 65610
Phone 417-744-2581 Fax 417-744-4560

MINOR SUBDIVISION APPLICATION

LEGAL OWNER(S)

NAME: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

EMAIL: _____

CONSULTANTS

ENGINEER/SURVEYOR: _____

EMAIL: _____

PHONE NO.: _____

PROPERTY INFORMATION

NAME OF SUBDIVISION: _____

EXISTING ZONING: _____

PROPOSED USE OF PROPERTY: _____

NUMBER OF PROPOSED LOTS: _____

REQUIRED ENCLOSURES

1. Eight (8) 24" x 36" copies (plus one (1) mylar of plat or survey submitted no less than fifteen (15) days prior to Commission meeting.
2. Application fee of \$450.00 (Checks made payable to City of Billings)
3. Signed Guaranty of Payment form for 3rd party review fees

To the best of my knowledge and belief, data in this application and all attachments thereto are true and correct.

Owner(s) Signature: _____

Date: ____/____/____

Name (print): _____

Received by: _____

Date: ____/____/____