



Date Filed _____

Pre-Platting Conference date _____

Application for Preliminary Plat/Final Plat Approval

Subdivision

This form must be completed and filed at the Wabaunsee County Planning and Zoning office and accompanied by the appropriate fee. **Incomplete applications will not be accepted or processed.**

Name of applicant(s), owner and/or their agent(s). All owners of the property represented by this application must be listed.

Applicant/Owner _____

Address _____ Phone _____

Agent _____

Address _____ Phone _____

Surveyor/Engineer _____

Address _____ Phone _____

(Use a separate sheet if necessary, for additional owner/applicant information)

Legal Location: Section _____ Township _____ Range _____

Name of Subdivision _____

General location _____

Include a map showing area for which the subdivision is requested.



Subdivision Information

1. Gross Acreage of Plat: _____
2. Number of Lots: _____
 - a. Residential _____
 - b. Commercial _____
 - c. Industrial _____
 - d. Other _____
 - e. Total _____
3. Minimum Lot Frontage _____
4. Minimum Lot Area _____
5. Existing Zoning _____
6. Proposed Zoning _____
7. Public Water Supply _____yes _____no, Name _____
8. Public Sanitary Sewers _____yes _____no, Name _____
9. Health Dept Approval (if applicable) _____yes _____no
10. Lineal feet of new street _____
11. Sidewalk adjacent to all streets _____yes _____no

Surety Bond submitted with final plat? _____amount _____

Note: Once the completed application is received in the Zoning office, the following will happen.

Notice is sent to all adjacent landowners within 1000 ft of the proposed site, so they are aware of the proposed zoning amendment.

The application is assigned to the Agenda of an upcoming Planning Commission Meeting and legal notice is published in the Wabaunsee County Signal Enterprise allowing the opportunity for public comment.

The proposed amendment can be approved, denied or tabled for future consideration by the Planning Commission. A denied application may not be reapplied for a period as specified in the Zoning Regulations of Wabaunsee County, Ks.



I/We, the applicant(s) acknowledge that this application will not be processed until it and any applicable documents are received and complete and accompanied by the required fee.

Name _____ **Date** _____

Office Use only:

Application received (Date and Time) _____

Fee: \$ _____ **Received (Date)** _____

Name: _____ **Title** _____
