



# Planning & Zoning Department

Jefferson County Courthouse  
P.O. Box 628  
Oskaloosa, Kansas 66066

www.jfcountyks.com/planningandzoning

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Toll Free: (844) 679-0748  
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## PLAT APPLICATION

This form must be completed and filed at the Office of the Zoning Administrator in accordance with directions on the accompanying instruction sheet. **AN INCOMPLETE APPLICATION WILL NOT BE ACCEPTED**

### 1. Name of ALL Applicant(s)/ Owner(s) and/or Agent(s). (Use separate sheet if necessary)

Applicant/ Owner: \_\_\_\_\_ Agent: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

### 2. The property is legally described as: S \_\_\_\_\_ T \_\_\_\_\_ R \_\_\_\_\_ See attached Deed:

The general location is (use appropriate section):

A. At the (NW) (NE) (SW) (SE) corner of \_\_\_\_\_ and \_\_\_\_\_, or  
(Street/Road) (Street/Road)

B. On the (N) (S) (E) (W) side of \_\_\_\_\_ between \_\_\_\_\_ and \_\_\_\_\_  
(Street/Road) (Street/Road) (Street/Road)

### 3. NAME OF SUBDIVISION: \_\_\_\_\_

Gross Acreage of Plat: \_\_\_\_\_ Number of Lots: \_\_\_\_\_ Residential:  Commercial:  Industrial:  Other:

Min. Lot Frontage: \_\_\_\_\_ Min. Lot Area: \_\_\_\_\_ (Sq. Ft.) Existing Zoning: \_\_\_\_\_ Proposed Zoning: \_\_\_\_\_

**WATER:** Public Water District:  \_\_\_\_\_ **WASTE WATER:** Public Sewer District:  \_\_\_\_\_  
Private Well:  Private Waste System:  Type? \_\_\_\_\_

### 4. STREETS: Street Standard: \_\_\_\_\_ Suburban (Asphalt or Concrete) Road Standard Exception Granted? \_\_\_\_\_

Additional right-of-way required for existing streets/ Lineal Feet of New Street Proposed:

1. Street Name: \_\_\_\_\_ Feet \_\_\_\_\_

2. Street Name: \_\_\_\_\_ Feet \_\_\_\_\_

3. Street Name: \_\_\_\_\_ Feet \_\_\_\_\_

4. Street Name: \_\_\_\_\_ Feet \_\_\_\_\_

**I (We), the applicant(s), acknowledge receipt of the instruction sheet explaining the method of submitting this application. I (We) realize that this application cannot be processed unless it is completely filled in, submitted with all relevant and/or requested documentation and accompanied by the appropriate fee.**

Owner: \_\_\_\_\_ OR Authorized Agent: \_\_\_\_\_

Owner: \_\_\_\_\_ OR Authorized Agent: \_\_\_\_\_

This application and all corresponding documents were received at the office of the Zoning Administrator on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_. It has been examined and found to be complete and accompanied by the required documents.

Permit Type: \_\_\_\_\_ Fee: \$ \_\_\_\_\_ Payment Method: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_  CNA: \_\_\_\_\_