

300 Jefferson St
P.O. Box 628
Oskaloosa, KS 66066



JEFFERSON COUNTY COMMUNITY DEVELOPMENT

Jefferson County Courthouse
Phone: (785) 403-0000 Option 3
Toll Free: (844) 679-0748

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: () _____

Email: _____ Email: _____

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: _____