Date Obtained: _____ Permit Number: 20☐-_____

CONSTRUCTION APPLICATION
For All Rural Un-Incorporated Areas of Crawford County, Kansas
Applications to be submitted to: Crawford County Zoning Department
111 E. Forest, Ste M ------ Girard, KS 66743
TYPE OF CONSTRUCTION:

New Single Family Residence:☐ Modular:_____ Pre-Fab: _____Double Wide:_____ Storm Shelter:____
Commercial Structure: ☐ Addition/Remodeling:_____ Garage:_____ Car Port:_____ Single Wide:_____
Agriculture Structure: _____ Decks/In Ground Pools/Basements:_____ Other Structures:☑

****

$125.00 Fees for ALL SITE BUILT CONSTRUCTION (new homes/additions/modular's/garages)
$75.00 Fees for Foundations only, Decks, Basements, Pools (in ground &/or above ground)
-0- fees for Storm Shelters(outside of a dwelling and new shelter added to pre-existing structures)
$150.00 Fees for ALL COMMERCIAL CONSTRUCTION (remodeling & additions too)
Site Plans Required With ALL Applications
Fees are exempt from Agriculture Construction Buildings

((non-refundable application/processing fee))

NAME OF APPLICANT: Autobahn Towers LLC PHONE: 913-278-1560

PRESENT MAILING ADDRESS: 7171 w 95th St ste 600

CITY/STATE/ZIP: Overland Park, KS 66212 CELL OR WK. PHONE:_____

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GENERAL CONSTRUCTION (site built, modular, pre-fabricated, etc) (Answer from 1 to 6)

1. Square Footage of:
   Basement NA
   1st Floor NA
   2nd Floor NA
   Total Living Area: NA
2. Total Number of Bedrooms NA
3. Number of full/half Bathrooms NA - _____
4. Date Construction to start: 8/1/2026, 20☑
5. Attached or Detached Garage: NA X_____
6. Cost of Construction: $ 150,000

REMODELING AND/OR ADDITIONS TO EXISTING STRUCTURE:

Type of Addition:_____
Square Footage of Addition:_____ Cost or Market Value: $_____
Type of Remodeling:_____

LEGAL DESCRIPTION: NW 1/4 Section 16 Township T31S Range R22E
in Crawford County KS

SUBDIVISION NAME:_____
Lot(s)_____ in Block _____ Acreage:_____

Direction to the proposed development: GIS: 37.346942, -95.002302

***MISCELLANEOUS CONSTRUCTION*:**

(Garages/Barns/Decks/Pools/Sheds) TYPE OF:	Square Footage Or Dimensions	Cost or Market Value
Other Structure:_____	_____	_____
Other Structure:_____	_____	_____

FLOOD PLAIN INFORMATION SECTION:

Flood Zone Review Done:_____, 20____

Approval to proceed with construction:_____ Reason if NO:_____

_____

Panel Map #_____ or Copy of map attached:_____

Any special flood plain forms required (yes/no) If yes, they are:

_____ _____

_____ _____

REVIEWED BY: _____ **Date:**_____**,20**_____

CONTRACTOR(S) INFORMATION SECTION:

NAME: TBD _____ PHONE:_____

ADDRESS_____ CITY/ST/ZIP: _____

COMMERCIAL BUILDING:

NAME OF BUSINESS: Autobahn Towers LLC _____

OWNER OF BUSINESS IF DIFFERENT FROM ABOVE:_____

ADDRESS: TBD HWY 126 _____ CITY/ST/ZIP: Mccune, KS 20037 ____

TYPE OF ZONING:_____ NUMBER OF PARKING SPACES: 0 _____

AMENDMENTS TO EXISTING TOWERS: ◯ YES ◉ NO. If yes, on separate sheet explain and provide site plans/drawings indicating said changes, additions, amendments to tower.

HAS PROPERTY BEEN ZONED PROPERLY? IF SO WHEN:_____

SET BACKS FROM COUNTY OR STATE HIGHWAY: 293' _____

SET BACKS FROM FRONT/SIDES/BACK OF PROPERTY:_____

SQUARE FOOTAGE OR DIMENSIONS OF BUILDING: 100 _____X 50 _____

MARKET VALUE OR COST OF CONSTRUCTION: $ 150,000 _____

MANUFACTURED HOME INFORMATION:

Make or Model:_____ Year:_____ Size _____ x _____

To Be Occupied by: Property Owner:_____ Relative:_____ Employee:_____

Type of Tie Downs:_____ Foundation Information:_____

Number of Bedrooms:_____ Basement: _____X _____ sq ft. Cost:_____

Garage:____ X ____ Number of Restrooms:_____ Total Living Area:_____

Installer of Manufactured Home:_____

Name:_____ Phone:_____

Address:_____ City/St/Zip:_____

**PERMITS FOR A SINGLE WIDE &/OR DOUBLE WIDE MANUFACTURED HOME, PROOF OF AGE BY TITLE IS REQIRED PRIOR TO ISSUANCE OF THE BUILDING PERMIT. (Ref: Article 1-104 #133, Article 18-107, "Shall be manufactured after June 15, 1976" per National Manufactured Home Construction and Safety Standards (24 CFR 3280 et seq).

GENERAL INFORMATION:

WIND TURBINES: SIZE IN HEIGHT:_____ NUMBER OF BLADES:_____
SIZE OF BLADES:_____
(True location must be shown on site plan sketching. Fall zones distances as well)
Utilities: Ks Gas:_____ Propane:_____ Natural:_____
Water: Rural_____ Well:_____ City:_____
Electric: WESTAR:_____ Heartland:_____ Total Electric:_____
Wastewater: Septic:_____ Lagoon:_____ Sewer District:_____ City:_____
If the intent is to use existing septic system, has it been reviewed by Environmental Office:_____
Will there be school aged children? _____ School District:_____
Have you contacted the rural water district for connection? If so: who and when:_____

STORM SHELTER:
Will you construct or place a storm shelter on your property or within the confines of your home: _____ Yes ____ No (If yes, please complete the enclosed sheet and return with this application and please include a sketching showing location of shelter.)

911 Address: Street:_____
City:_____, Kansas Zip Code:_____
(For this address, Contact the 911 Addressing Service at 620-724-7155).

PLEASE BE SURE ALL AREAS MARKED ARE COMPLETED AND SITE PLANS ACCOMPANY THE APPLICATION.

NOTE: If you are building in a platted subdivision, have you checked to be sure if there are restrictive covenants? Legal description of property maybe obtained from a tax roll statement.
*NOTE: Be sure to abide by the required building setback regulations. Front Yard setbacks are measured from the road right of way. Individual plats may have greater setbacks than county minimum. If so, you must follow the plat set back regulations. Site plan sheet provided.
* NOTE: If applicable, it is highly recommended that a determination be made as to water availability to desired site.

THIS APPLICATION SHOULD BE RETURNED TO THE ZONING OFFICE WITHIN SIX (6) MONTHS FROM THE DATE IT WAS OBTAINED. IF EXTENSION TIME IS NEED DEVELOPER/OWNER/APPLICANT SHALL PHONE THE ZONING OFFICE (620-724-6168) AND REQUEST SAID EXTENSION.

I HEREBY ACKNOWLEDGE THAT INFORMATION PRESENTED IS CORRECT AND THAT I WILL COMPLY WILL ALL APPLICABLE REGULATIONS OF CRAWFORD COUNTY, KANSAS. I understand it is my responsibility to make application through the County Road and Bridge Department for an entrance or culvert and will comply with all requirements set forth. And I further acknowledge that I am fully aware of the regulations pertaining to hard surface drive ways, placement of mailboxes and fencing IC_____(Initials).

DATE: 6/23/2026 _____

Signature of property owner or representative/agent

****OFFICE USE ONLY****

Zoning:_______________ Permit #: ________________

Parcel Id. Number:______________________________(_________) Number of Acres:___________

Temporary Permit: ______ MO. Stipulations to Development:__________

- -

Receipt Number:______________ Date Paid: _____________ Check #:________ Cash:_______

Date of Review by Zoning Department:___________ Date Application Approved:_________

CHECKS ARE PAYABLE TO: CRAWFORD COUNTY ZONING DEPT.

Type of Wastewater System to be used for new construction: ___________ obtained?____________
Application for new system to Environmental Health Office on:___________ Fees paid?___________

Both payments for building and wastewater permits are to be sent in at the same time.

STEPS TO BE TAKEN BY APPLICANT
PRIOR TO ANY CONSTRUCTION OR FOUNDATION WORK !!

1) Obtaining the Construction Application along with a wastewater application, if required.
2) Complete all areas marked on the application. (failure to complete the marked area will result in application being sent back which will delay construction and the issuance of a permit).
3) Once received, a review of the application along with the required sketching or site plan will be conducted by the Zoning Department in a timely manner.
4) Applicant's name submitted should reflect the name of the property owner not the contractor.
5) All fees are payable at the time the application is returned to the Zoning Department.
6) Site plans must accompany all applications.
7) If applicant wishes, one (1) check maybe submitted for the payment of a construction permit and wastewater permit.
8) Review by the Flood Plain Administrator for Crawford County must be done before the issuance of a building permit.
9) Crawford County is home to endangered species. It is your responsibility to check with the Kansas Department of Wildlife, Parks and Tourism Operations Office in Pratt, KS, at 620-672-5911. Failure to do so may subject landowners to the applicable penalties under said laws.
10) For all commercial applications, the permit application will be forwarded to the State Fire Marshall's office for review.

(PLEASE USE THE NEXT PAGE FOR YOUR SKETCH)

**********SKETCHING**********

Indicate names or number of county road or state highways. Show distances from Right of Ways, Property Lines, & Location of Building on property, show driveway or entrance to building, and any additional buildings that maybe added. SET BACK OR DENSITY CHART INCLUDED**. BE SURE TO INDICATE WHERE STORM SHELTER IS ON SITE PLAN IF LOCATED OUTSIDE STRUCTURE.** THANK YOU.

NORTH↑↑

WEST EAST

SOUTH

If Appicable Bldg #: 20 -

COMPLETE ONLY IF YOU ARE DOING ONE!

STORM SHELTER INFORMATION

Name:_____
Current Address:_____
City/State/Zip Code:_____
911 address if different from current:_____
_____
Home Number: (___)_____ Work Number (___)_____
Cell Phone Number: (____)_____

General Location/Directions to property:_____
_____
Parcel Id Number:_____
Section: Township: Range: Legal Attached: _____

Structure Type:_____
(B-brick, C-Concrete, M-Metal, W-Wood)

1) Will shelter be inside home?_____(Yes/No) 2) In Basement? _____ (Yes/No)
3) Will it be located inside garage?_____ (Yes/No) 4) In ground separate from Home?_____
(if yes is your garage attached or detached:_____)

If yes to 1, 2, or 3 please supply drawing of where the shelter would be located.
_____
_____

If shelter is located outside the home, please indicated on site plans true location of shelter.

Will shelter be private_____ or public_____.

Shelter will house how many persons?_____

Size of Shelter:_____

Installer &/or Company of shelter:
Name:_____

Address_____ City/State/Zip_____

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OFFICE USE ONLY
Latitude _____ Longitude _____ _____ Elevation _____ Stories _____Date

received:_____ Reviewed and filed:_____

(signature page must be returned with building application) Bldg. Permit #:_____-_____

NOTICE TO ALL LANDOWNERS/CONTRACTORS

"CONSTRUCTION REGULATIONS"

To: All Residents in the Rural Un-incorporated Areas of Crawford County, KS.

You are hereby advised of the following regulations pertaining to driveways, culverts, fencing and mail box(s).

All county roads have right or way rights which are used for utilities, culverts, and expansion of roads if necessary. Because ownership of this ground is with the county, the following regulations are to be followed by all residents in the rural areas of the county.

SECTION 1: FENCING:

a. All new fencing must be located on the property owners ground and not the county right of way.

b. For existing fences, owners are to be made aware that the county can remove said fence should the road need to be widened or if the ditches need to be cleared and expanded. Owners will receive a formal notice to move their fence back to their property lines or back off the County Right of Way, as the case maybe and will be given a set date to have the fence abated off the county's right of way. Failure to do so will result in the county abating the fence as construction occurs and the County will not replace the fence.

SECTION 2: PRIVATE DRIVEWAYS:

a. If private driveways are installed to the county road and the owner places a concrete, asphalt or hard surface drive to the county road, the owner will be required to obtain permission from the county to construct such a driveway.

b. Should the county at any time have to maintain the ditches in that area and abatement of the existing driveway is necessary, the county will have the right to remove the hard surface driveway. The county will replace the existing culvert and rock the driveway from the beginning of the county right of way to the county road. The county reserves the right to not replace the driveway with another hard surface material such as concrete, asphalt or any other hard surface material. Replacing the driveway back to its original state shall be at the owner(s) expense and the owner shall receive approval to reinstate the driveway to the original state from the Governing Body.

SECTION 3: MAILBOXES:

The Board of County Commissioners finds that the placement of mailboxes adjacent to a road can be a hazard to the motoring public and can impede county road maintenance equipment.

a. **Mailbox Standards**: Crawford County standards shall conform to the rules and regulations of the U.S. Postal Service and are based on "A Guide for Erecting Mailboxes on Highways".

No mailbox or newspaper delivery box will be allowed to exist within the County's right-of-way if it interferes with the traveling public or the function, maintenance, or operation of the county roadway system should damage occur to said mailbox.

b. **Replacement of Damaged Mailboxes:** Mailboxes if damaged by the county will not be returned to their original state but will be replaced according to the U.S. Postal guideline which are:

1) **Locations:** The roadside face of the box shall be offset the following distances:

Paved road: Said width of the shoulder plus one foot.

Gravel road: One foot from the edge of the traveled portion of the roadway.

2) **Structure:** Mailboxes shall be constructed from sheet metal, plastic or similar weight materials and shall not exceed 11 lbs.

A single 4 inch by 4 inch square or 4 inch diameter wooden post, or metal post with the strength no greater than 2 inch diameter standard steel pipe and embedded no more than 24 inches into the ground will be replaced by the county.

Permit NO:_____

ACKNOWLEDGEMENT

I,_____ OF

_____

_____, KANSAS, HAVE READ AND FULLY UNDERSTAND THE REGULATIONS PERTAINING TO THE FENCING, DRIVEWAYS AND MAILBOXS FOR ALL THE RURAL -UNINCORPORATED AREAS OF CRAWFORD COUNTY, KANSAS.

I FURTHER UNDERSTAND THAT ANY CONSTRUCTION THAT IS PERFORMED IN VIOLATION OF THESE REGULATIONS IS AT MY OWN RISK AND COULD RESULT IN ABATEMENT BY THE COUNTY.

_____

Signature

_____

Signature

Dated and Signed:_____, 20___

Witnessed By:

_____

_____, Title