

CRAWFORD COUNTY, KANSAS

AMEND APPLICATION
LOT SPLITTING/SUBDIVISION

Date: _____ Fee: \$150.00 Permit No: _____

(Per Article 3 of the Crawford County Subdivision Regulations, the following applications shall be filed with the Zoning Administrator).

****APPLICATION PROCEDURE****

THREE COPIES OF A DRAWING TO A SCALE OF NOT LESS THAN 1" = 100' SHOWING THE LOTS INVOLVED, THE PRECISE LOCATION OF ANY STRUCTURE THEREON, AND THE LOCATION AND DIMENSIONS OF THE ORIGINAL AND PROPOSED LOTS. SAID DRAWING SHALL BE A CERTIFICATE OF SURVEY FROM A LICENSED LAND SURVEYOR TO DETERMINE THE EXACT LOCATION OF THE STRUCTURES AND THE PRECISE DIMENSIONS OF THE LOTS.

1. Applicant/Developers' Name: _____

2. Name of Subdivision: _____

3. Applicant/Developers' Address: _____

City: _____ State: _____ Zip

Code: _____

Phone: _____

4. Legal Description of Subdivision:
Section: _____, Township: _____ South, Range: _____ East

5. 911 Address of Development or Street Addresses surrounding development or within development: _____

6. General location of development: _____

7. Is development served by rural water district? _____ If yes, has the respective district been contacted to see if there is adequate water pressure for additional homes?

Name of person contacted from the water district: _____

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Permit No: _____

Applicant/Developer: _____

8. Has the County Road and Bridge Foreman's been contacted to see if the additional increase in traffic will effect the roads in that area? If yes, when and with whom?

(If response is No, please contact said department before filing this application).

9. How many splits are planned? _____

10. Has new 911 addresses been established? _____

11. Acreage of each new lot split. _____

12. Is there any problems or concerns with run off or flooding in the newly created lots that need to be addressed? _____

13. Has the restrictive covenant for that development been changed due to the additional lots or splits? _____

14. Name and address of Land Surveyor: _____

Date: _____ Signature of
Applicant/Developer: _____

(Office Use)
Date Received: _____ Fees Paid: _____ Receipt No: _____

Site Plans reviewed on: _____ Office Conference: _____

Administrators Fact Find: _____

Approved/Denied: _____ Denial Reasons: _____

Zoning Administrators Signature: _____