



**Application Form
Preliminary and/or Plat Approval**

CITY OF HAYSVILLE, KANSAS
PLANNING COMMISSION – 200 W. GRAND AVE., P.O. BOX 404
HAYSVILLE, KANSAS 67060 – (316) 529-5900 (316) 529-5925 – FAX
www.haysville-ks.com

Applicant Information

This application is for a PRELIMINARY and/or FINAL PLATS. The form must be completed and filed with the Department of the Planning Commission. All spaces must be completed or marked as “*not applicable*”, (i.e. N/A). An incomplete application will not be accepted.

***If more than one property owner is contiguous to the proposed plat, all owners must sign the authorization below OR submit an acknowledgement indicating they do not object to the plat.**

*Applicant(s): _____

Street Address: _____

City: _____ State: _____ Zip: _____ E-mail: _____

Business Phone: _____ Home Phone: _____

Name of authorized Agent: _____

Street Address: _____

City: _____ State: _____ Zip: _____ E-mail: _____

Business Phone: _____ Home Phone: _____ Fax: _____

Name of authorized Professional Agent (e.g. Engineer) _____

Street Address: _____

City: _____ State: _____ Zip: _____ E-mail: _____

Business Phone: _____ Home Phone: _____ Fax: _____

Proposed Subdivision Information

Name of Subdivision _____

General Location _____

Legal Description _____

Fees:

Plat: Preliminary: _____
\$40 + \$2 for each lot over one

Final: _____
\$40/Final Plat Only

Subdivision Information

a. Gross Acreage of Plat _____

b. Total Number of Lots _____

Residential _____

Industrial _____

Commercial _____

Other _____

c. Minimum Lot Frontage _____

d. Minimum Lot Area _____

e. Existing Zoning _____

f. Proposed Zoning (if applicable) _____

g. Public Water Supply _____ (Yes or No)

h. Public Sanitary Sewer _____ (Yes or No)

I (We) am (are) the owner(s) of record of property adjoining the requested area sought for platting and hereby authorize filing of this application. I (We) declare that all information provided with this application is complete and accurate. I (We) acknowledge the instructions and regulations have been reviewed and understood, and authorize any agent or representative listed in this application to represent me (us).

The owner(s) herein agrees to comply with the Subdivision Regulations of the City of Haysville, Sedgwick County, Kansas, and all other pertinent ordinances or resolutions of the City of Haysville, and Statutes of the State of Kansas. It is further agreed that all costs of recoding the plat and supplemental documents thereto with the Register of Deeds shall be assumed and paid by the owner(s). The undersigned further states that he/she is/are the owner(s) of the property proposed for platting.

Owner(s) Name: _____

Owner(s) Signature: _____ **Date:** _____

_____ **Date:** _____

_____ **Date:** _____

_____ **Date:** _____

All elements of the application shall be filed at the same time and submitted to the Planning Department. **The application must be accompanied by a filing fee as indicated on this application plus, current mailing rate of certified mail for each recipient listed on the Certified Ownership List.**

Planning Office Use Only:

Date Submitted: _____ Filing Fee: _____ Council District _____

Date Advertised: _____ Date of Hearing: _____

Authorized Signature: _____ Title: _____