#### **CITY OF HAYSVILLE**

PO Box 404 200 W. Grand Haysville, KS 67060 Phone: 316/529-5900 | Fax: 316/529-5925 www.haysville-ks.com

# Preliminary and/or Final Plat Application

# **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.

<u>\*If more than one property owner is contiguous to the proposed plat, all owners must sign the authorization</u> 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	e Phone:	Fax:		
Proposed Subdivision Information					
Name of Subdivision					
General Location					
Legal Description					

Fee: \$500 Preliminary	Final Plat			
Complete plat chee	cklist			
Subdivision Inform	nation			
a. b.	Gross Acreage of Plat Total Number of Lots			
	Residential Commercial	Industrial Other		
d.	Minimum Lot Frontage Minimum Lot Area Existing Zoning			
t. g.	Proposed Zoning (if applicable) Public Water Supply( Public Sanitary Sewer	(Yes or No)		
authorize filing of th and accurate. I (We	nis application. I (We) declare that all in	ng the requested area sought for platting and hereby information provided with this application is complete egulations have been reviewed and understood, and on to represent me (us).		
County, Kansas, and of Kansas. It is furt Register of Deeds sh	l all other pertinent ordinances or resolut her agreed that all costs of recoding th	on Regulations of the City of Haysville, Sedgwick ions of the City of Haysville, and Statutes of the State e plat and supplemental documents thereto with the ). The undersigned further states that he/she is/are the		
Owner(s) Name: _				
Owner(s) Signatur	e:	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.				
Planning Office Use Only:				
Date Submitted:	Filing Fee:	Council District		
		_ Title:		

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### Plat Checklist

- To Scale of 1": 100 ft., Date, North Point
- Subdivision name, "Preliminary"
- Subdivision Location (Legal, Adjacent Subdivision/or Owner(s) if Unplatted)
- \_\_\_\_\_ Name and Address of Owner(s), Engineer, Subdivider, Surveyor
- Layout of All Street Locations, Widths, Names, Lengths
- Location of Adjacent Right-of-Way, Easements
- Contour Lines, Water Courses, Areas Subject to Flooding and Date of Survey
- \_\_\_\_\_ Natural Features (rocks, trees, marshes, lakes, wooded areas, etc.)
- Existing Use of Property, Location of Existing Structures
- Existing Utilities
- Layout of Lots, Dimensions, size, ID Numbers
- Proposed Use
- Proposed Parks or Other Public Use
- Statements
  - \_\_\_\_ Covenants
  - \_\_\_\_\_ Available Community Features
  - \_\_\_\_\_ Availability of Utilities
  - \_\_\_\_\_ Proposed Developers Agreement
  - \_\_\_\_\_ Number of Lots
  - Drainage Plan
  - \_\_\_\_\_ Vicinity map showing Street Extensions