



FINAL PLAT APPLICATION

Office Use Only

Application No. _____ Date Received _____
 Township _____
 ZB Hearing Date _____
 Rezoning No. _____ Preliminary Plat No. _____ Date Paid _____

APPLICANT/AGENT INFORMATION

NAME _____
 ADDRESS _____
 CITY/ST/ZIP _____

 PHONE _____
 EMAIL _____
 CONTACT PERSON _____

OWNER INFORMATION

NAME _____
 ADDRESS _____
 CITY/ST/ZIP _____

 PHONE _____
 EMAIL _____
 CONTACT PERSON _____

GENERAL INFORMATION

Subdivision Name _____
 Legal Description (S-T-R 1/4 Section) _____
 General Location or Address _____

SUBDIVISION INFORMATION

1. Gross Acreage _____

	No. of Lots	Acreage	Zone
A. Residential	_____	_____	_____
B. Commercial	_____	_____	_____
C. Industrial	_____	_____	_____
D. Other	_____	_____	_____
Total	_____	_____	_____

3. Water Supplier _____

4. Sewage Disposal Systems _____

5. Road System (Public/Private) _____

If Public, indicate construction type, proposed rights-of-way, and lineal feet of each.

	TYPE	ROW	FEET
A	_____	_____	_____
B	_____	_____	_____
C	_____	_____	_____
D	_____	_____	_____

I, the undersigned am the owner, duly authorized agent, of the aforementioned property situated in the unincorporated portion of Johnson County, Kansas. By execution of my signature, I do hereby officially apply for Final Plat approval as indicated above.

Signature _____ Date _____

ATTACHMENT A-2