

PRELIMINARY PLAT APPLICATION

Johnson County Planning Department
111 S. Cherry Street, Suite 3500
Olathe, Kansas 66061
913-715-2201

Office Use Only		
Application No. _____	_____	_____
Township _____	_____	_____
ZB Hearing Date _____	_____	_____
Rezoning No. _____	Date Received _____	Date Paid _____

APPLICANT/AGENT INFORMATION	OWNER INFORMATION
NAME _____	NAME _____
ADDRESS _____	ADDRESS _____
CITY/ST/ZIP _____	CITY/ST/ZIP _____
_____	_____
PHONE _____	PHONE _____
FAX _____	CONTACT _____

GENERAL INFORMATION	
Proposed Subdivision Name _____	
Legal Description (S-T-R 1/4 Section) _____	
Surveyor or Engineer Firm _____	
Contact _____	
Address _____	
Phone _____	Fax _____

SUBDIVISION INFORMATION	
1. Gross Acreage _____	2. No. of Lots _____
3. Minimum Lot Size _____	4. Maximum Lot Size _____
5. Existing/Proposed/Zoning _____	6. Water Supplier _____
7. Proposed Sewage Disposal System _____	
8. Road System _____	

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 preliminary plat approval as indicated above.

Signature _____ Date _____

ATTACHMENT A-1