



ADMINISTRATIVE DEVELOPMENT PLAN APPLICATION

OFFICE USE ONLY

Application No. _____
Township _____ Zoning Board _____
Date Received _____ Fee _____ Date Paid _____

Site Acquisition Specialist INFORMATION

OWNER INFORMATION

COMPANY NAME _____ COMPANY/OWNER NAME _____
CONTACT _____ CONTACT _____
ADDRESS _____ ADDRESS _____
CITY/ST/ZIP _____ CITY/ST/ZIP _____
TELEPHONE _____ TELEPHONE _____
EMAIL _____ EMAIL _____

PROPERTY INFORMATION

Legal Description _____
Present Land Use _____
CUP No. _____ Resolution No. _____
Address of Property _____ Site Size _____
Present Improvements or structures _____

PROPOSED USE INFORMATION

Present Zoning District _____
Proposed Land Use _____
Reason for Requesting Administrative Development Plan Approval _____

I, the undersigned am the (Circle One) (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 an Administrative Development Plan Permit as indicated above.

Signature _____ Date _____
Please Print Name _____