

Department of Planning and Zoning

Leavenworth County Kansas

BOUNDARY LINE ADJUSTMENT APPLICATION

OWNERSHIP INFORMATION

TRACT 1

TRACT 2 (Add separate sheet for additional parcels)

Name _____

Name _____

Address _____

Address _____

City/St/Zip _____

City/St/Zip _____

Phone _____

Phone _____

Email _____

Email _____

Book/Page Existing Deed _____

Book/Page Existing Deed _____

Applicant/Agent Contact Email _____

EXISTING TRACT INFORMATION

Parcel Numbers _____

Tract 1

Tract 2

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

Signature: _____ Date: _____

Signature _____ Date _____

Owner/Agent, Tract 1

Signature _____ Date _____

Owner/Agent, Tract 2

Received by Planning and Zoning Office

Case No. _____

Existing Zoning _____

Office Staff: _____

Date Received: _____