

SITE PLAN APPLICATION REQUIREMENTS

For

**THE UNINCORPORATED AREA OF
LEAVENWORTH COUNTY, KANSAS**

**A PRE-APPLICATION CONFERENCE IS REQUIRED
PRIOR TO SUBMITTAL OF ANY APPLICATION**

ALL APPLICATION FEES ARE NON-REFUNDABLE

For more information contact:
Leavenworth County Department of Planning and Zoning
300 Walnut, Suite 212
Leavenworth, Kansas 66048
pz@leavenworthcounty.gov
913-684-0465

APPLICANT RESPONSIBILITIES: Submission of less than the following items may delay the review and processing of the application.

- A. Applicant shall request a pre-application conference with Planning and Zoning.
- B. A completed application form (Attachment A.)
- C. Legal description (current deed) of the lot/tract.
- D. Payment of filing fee. Make check payable to Leavenworth County Planning and Zoning.
- E. Letter of Authorization if not the legal owner of the property in question. (Attachment B)
- F. One (1) physical and one (1) digital set of site plans drawn to scale.
- G. One (1) physical and one (1) digital set of drainage calculations.
- H. The name, signature and seal of the site plan preparer.
- I. The Site plan shall adhere to the requirements set forth in Article 27.
- J. Any other applicable Regulations.

PLANNING AND ZONING DEPARTMENT PROCEDURES

The Planning and Zoning Department staff requires a minimum of fifteen (15) business days for review of site plan documents. If corrections need to be made, the process is repeated.

The application and attachments will be sent to the relevant agencies for comments.

SITE PLAN APPLICATION

Leavenworth County Planning Department
300 Walnut, St., Suite 212
County Courthouse
Leavenworth, Kansas 66048
913-684-0465

Office Use Only

PID: _____ Date Received: _____
Township _____
Case No. _____ Pre-Application Meeting Date: _____
Legal Description _____
Floodplain _____
Zoning District _____
Comprehensive Plan land use designation _____

APPLICANT/AGENT INFORMATION

OWNER INFORMATION

NAME _____
ADDRESS _____
CITY/ST/ZIP _____
PHONE _____
EMAIL _____
CONTACT PERSON _____

NAME _____
ADDRESS _____
CITY/ST/ZIP _____
PHONE _____
EMAIL _____
CONTACT PERSON _____

PROPERTY INFORMATION

Address of property _____
Parcel size _____
Described Proposed Construction _____

Utilities

I understand that it is my responsibility to request a letter from the following utilities stating they have the ability to provide sufficient service for this use. I understand that my application may be delayed until the letters are received by the Planning and Zoning Office.

- 1. Municipal Sewer:
- 2. Water District:
- 3. Electrical Service:
- 4. Natural Gas or Propane:

I, the undersigned, am the *(circle one) owner, 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 Site Plan Review as indicated above.

Signature _____ Date _____

ATTACHMENT A

OWNER AUTHORIZATION

I/WE _____, hereby referred to as the “Undersigned”, being of lawful age, do hereby on this ____ day of _____, 20____, make the following statements, to wit:

- 1. I/We the Undersigned, on the date first above written, am the lawful, owner(s) in fee simple absolute of the following described real property

See Exhibit A attached hereto and incorporated herein by reference.
- 2. I/We the undersigned, have previously authorized and hereby authorize _____ (Hereinafter referred to as “Applicant”), to act on my/our behalf for the purpose of making application with the Planning Office of Leavenworth County, Kansas, _____ (common address) the subject real property, or portion thereof, and which authorization includes, but is not limited to, all acts or things whatsoever necessarily required of Applicant in the application process.
- 3. I/We the Undersigned, hereby agree to protect, defend, indemnify and hold the Board of County Commissioners of Leavenworth County, Kansas, its officers employees and agents (hereinafter collectively referred to as the “County”), free and harmless from and against any and all claims, losses, penalties, damages, settlements, costs, charges, professional fees or other expenses or liabilities, whether false, fraudulent, meritless or meritorious, of every kind and character arising out of or relating to any and all claims, liens, demands, obligations, actions, proceedings, or causes of action of every kind and character (hereinafter “claims”), in connection with, relating to, or arising directly or indirectly out of this authorization and the actions taken by the Applicant and the County in reliance thereof. I, the Undersigned, hereby further agree to investigate, handle, respond to, provide defense for and defend any such claims at my sole expense and agree to bear all other costs at my sole expense and agree to bear all other costs and expenses related thereto, even if such claims are groundless, false or fraudulent.
- 4. It is understood that in the event the Undersigned is a corporation or partnership then the individual whose signature appears below for and on behalf of the corporation or partnership has in fact the authority to so bind the corporation or partnership to the terms and statements contained within this instrument.

IN WITNESS THEREOF, I, the Undersigned, have set my hand and seal below.

Owner

Owner

STATE OF KANSAS
COUNTY OF LEAVENWORTH

The foregoing instrument was acknowledge before me on this ____ day of _____, 20____,
by _____.

My Commission Expires:

Notary Public **ATTACHMENT B**