



Planning & Zoning Department

Jefferson County Courthouse
P.O. Box 628
Oskaloosa, Kansas 66066

www.jfcountyks.com/planningandzoning

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APPLICATION FOR AGRICULTURAL LOT SPLIT

THE APPLICATION PACKAGE MUST INCLUDE THE FOLLOWING ITEMS. REVIEW OF THE APPLICATION WILL NOT COMMENCE UNTIL ALL ITEMS ARE SIGNED AND SUBMITTED.

PLANNING & ZONING APPLICANT CHECKLIST:

- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| _____ Application Fee - \$50.00 | _____ Completed & Signed Application Form |
| _____ Completed & Signed Agreement | _____ Contractor's Affidavit (if needed) |
| _____ Real Estate Deed | _____ Paid Tax Receipts |
| _____ 1 physical copy & 1 digital copy of the survey/drawing - correctly certified & with Agricultural Lot Split in the title of the document. | _____ Written Statements from: WATER DIST., HEALTH DEPT. & KDOT OR ROAD & BRIDGE DEPT. |

Name of ALL Applicant(s)/ Owner(s) and/or Agent(s). (Use separate sheet if necessary)

Applicant/ Owner: _____	Agent: _____
Address: _____	Address: _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Phone: () _____	Phone: () _____

NAME OF SURVEYOR: _____ PHONE: _____

PARCEL INFORMATION (General Location): _____

Gross Acreage: _____ Min. Lot Frontage: _____ Min. Lot Area: _____

Public Water: _____ Public Sewer: _____ Street Row Width: _____

The owner herein agrees to comply with the Subdivision Regulations of Jefferson County, as amended, and all other pertinent resolutions of Jefferson County, and statutes of the State of Kansas. It is agreed that all costs of recording the lot split and supplemental documents thereto with the Register of Deeds shall be assumed and paid by the owner at the time of filing. The undersigned further states that he is the owner of the property proposed for the Ag Lot Split.

Owner: _____ OR Authorized Agent: _____

Owner: _____ OR Authorized Agent: _____

This application and all corresponding documents were received at the office of the Zoning Administrator on this _____ day of _____, _____. It has been examined and found to be complete and accompanied by the required documents.

Rec. by: _____ Approval/ Denial Date: _____ Payment Method: _____

Appeal to CC Rec.: _____ Determination: _____ Date: _____