

300 Jefferson St
P.O. Box 628
Oskaloosa, KS 66066



JEFFERSON COUNTY
COMMUNITY DEVELOPMENT
Planning and Zoning Division

Jefferson County Courthouse
Phone: (785) 403-0000 Option 3
Toll Free: (844) 679-0748

APPLICATION FOR PLATTED LOT SPLIT & 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:

- | | |
|--|---|
| <input type="checkbox"/> Application Fee - \$50.00 | <input type="checkbox"/> Completed & Signed Application Form |
| <input type="checkbox"/> Completed & Signed Agreement | <input type="checkbox"/> Contractor's Affidavit (if needed) |
| <input type="checkbox"/> Real Estate Deed | <input type="checkbox"/> Paid Tax Receipts |
| <input type="checkbox"/> 1 physical copy & 1 digital copy of the survey/drawing
- correctly certified & with Platted Lot Split or
Agricultural Lot Split in the title of the document. | <input type="checkbox"/> Written Statements from: 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: () _____
Email: _____	Email: _____

NAME OF SURVEYOR: _____ **PHONE:** _____

EMAIL FOR SURVEYOR: _____

PARCEL INFORMATION (General Location): _____

Gross Acreage: _____ Min. Lot Frontage: _____ Min. Lot Area: _____ Street Row Width: _____

Indicate whether public or private on-site facilities available for the following: Water supply (if public, specify District): _____

Wastewater treatment: _____ Write "NA" if such facilities are not needed at this time.

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 Platted Lot Split or Agricultural 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: _____ Check#: _____