

Fee: \_\_\_\_\_  
 Rec'd By \_\_\_\_\_  
 Date Paid \_\_\_\_\_

**APPLICATION FOR  
 PRELIMINARY PLAT**  
**City of Roeland Park, Kansas**  
 PLEASE PRINT

Case No.: \_\_\_\_\_  
 Planning Commission  
 Date \_\_\_\_\_

Applicant: \_\_\_\_\_  
 Owner: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Subdivision**

Subdivision Name: \_\_\_\_\_

Location: \_\_\_\_\_

Range 25E Township 12S Section: \_\_\_\_\_ Quadrant \_\_\_\_\_

Size (in acres) \_\_\_\_\_ Number of Lots: \_\_\_\_\_

Current Zoning: \_\_\_\_\_ Proposed Use: \_\_\_\_\_

Engineer/Surveyor/Architect: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_

**To be completed by the City:**  
 Proof of ownership and/or authorization of agent affidavit(s) submitted. Date: \_\_\_\_\_  
 Preliminary Plat Approved. Date: \_\_\_\_\_  
 Technical studies required? Yes \_\_\_ No \_\_\_  
 If yes, what type and when submitted? \_\_\_\_\_  
 Assurances of adequate public facilities received. Date: \_\_\_\_\_  
 Date application deemed complete: \_\_\_\_\_  
 Surrounding property owners notified: \_\_\_\_\_ Date of publication: \_\_\_\_\_  
 Date notices sent: \_\_\_\_\_ Public Hearing date: \_\_\_\_\_  
 Planning Commission recommendation: \_\_\_\_\_ Date: \_\_\_\_\_  
 City Council Action: \_\_\_\_\_ Date: \_\_\_\_\_

**Fee Schedule:**

0 to 5 lots ..... \$100.00 plus \$8.00 per lot	6 to 10 lots..... \$100.00 plus \$7.00 per lot
11 to 20 lots..... \$100.00 plus \$6.50 per lot	21 or more lots ..... \$110.00 plus \$6.00 per lot

**PROOF OF OWNERSHIP AFFIDAVIT**

STATE OF \_\_\_\_\_ )  
 ) SS  
COUNTY OF \_\_\_\_\_ )

\_\_\_\_\_, being first duly sworn upon his/her oath  
deposes and states as follows:

(1) [FILL IN ONLY IF APPLICATION SUBMITTED ON BEHALF OF THE LEGAL OWNER]

\_\_\_\_\_  
(Name of owner signing Affidavit; if owner is a corporation or business, name of individual signing Affidavit, capacity and exact name and legal status of said corporation or business) is/are the legal owner/authorized official of the legal owner of the property that is the subject of Rezoning No. \_\_  
\_\_\_\_\_/Special Use Permit No.\_\_\_\_\_/ (Other)\_\_\_\_\_  
\_\_\_\_\_. (ALL OWNERS OF RECORD MUST FILE AN AFFIDAVIT).

(2) [FILL IN ONLY IF APPLICATION SUBMITTED ON BEHALF OF A CONTRACT PURCHASER]

That \_\_\_\_\_  
(Name of contract purchaser signing Affidavit; if a corporation or business, exact name and legal status of said corporation or business) is the holder of a contract to purchase the property that is the subject of Rezoning No. \_\_\_\_\_  
\_\_\_\_\_/ Special Use Permit No.\_\_\_\_\_/ (Other)\_\_\_\_\_  
\_\_\_\_\_ from the owner(s) and is therefore a "landowner" within the meaning of the Zoning Regulations.

\_\_\_\_\_  
Signature

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20

\_\_\_\_\_  
Notary Public

My commission expires:

\_\_\_\_\_