



DEVELOPMENT APPROVAL APPLICATION

419 N. Broadway PO Box 519 · Abilene, KS 67410
Tel: (785) 263-2355 · Fax: (785) 263-2552 · www.abilenecityhall.com

INSTRUCTIONS: This Application and all required fees and information must be submitted in accordance with the Code of the City of Abilene and the City of Abilene Zoning and Subdivision Regulations. All information requested in this application must be provided and answered completely.

PART I: TO BE COMPLETED BY APPLICANT

APPLICATION INFORMATION

APPLICATION FOR (CHECK APPROPRIATE BOX):

- | | |
|---|--|
| <input type="checkbox"/> ADMINISTRATIVE APPEAL
<input type="checkbox"/> ANNEXATION
<input type="checkbox"/> VARIANCE
<input type="checkbox"/> COMPREHENSIVE PLAN AMENDMENT
<input type="checkbox"/> CONDITIONAL USE PERMIT
<input type="checkbox"/> DEVELOPMENT CODE AMENDMENT | <input type="checkbox"/> LOT SPLIT
<input type="checkbox"/> REPLAT
<input type="checkbox"/> PRELIMINARY PLAT
<input type="checkbox"/> FINAL PLAT
<input type="checkbox"/> REZONING
<input type="checkbox"/> VACATION (PLAT, STREET, EASEMENT) |
|---|--|

FOR OFFICIAL USE ONLY

App Number: _____
 Date Received: _____
 Received By: _____

BRIEF DESCRIPTION OF APPLICATION PURPOSE:

APPLICANT INFORMATION

APPLICANT/AGENT (If Not Property Owner):

Name: _____ Tel: (____) _____
 Business Name: _____ Fax: (____) _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 E-mail: _____

PROPERTY OWNER (If Different from Applicant/Agent):

Name: _____ Tel: (____) _____
 Business Name: _____ Fax: (____) _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 E-mail: _____

ENGINEER/ARCHITECT/SURVEYOR:

Name: _____ Tel: (____) _____
 Business Name: _____ Fax: (____) _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 E-mail: _____

PROPERTY INFORMATION

PROPERTY ADDRESS: _____

PARCEL ID: _____

ZONING: Existing: _____ Proposed: _____

LAND USE: Existing: _____ Proposed: _____

GROSS SIZE OF PLAT/LOT:

Residential: _____ Commercial: _____ Industrial: _____ Other: _____ Total: _____

NUMBER OF LOTS:

Residential: _____ Commercial: _____ Industrial: _____ Other: _____ Total: _____

IMPROVEMENT CHARACTERISTICS:

Number of Buildings or Structures: _____ Total Building Area: _____
Maximum Height of Buildings or Structures: _____ Total Impervious Area: _____

EXISTING PUBLIC FACILITIES:

	Public	Private	Other (Describe)
Water Service:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Wastewater Service:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Roadway Access:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

FLOODPLAIN INFORMATION:

Floodway: Yes No FIRM Map-Panel Number: _____
Floodway Fringe: Yes No Zone: _____

ARE ANY OTHER PERMITS OR DEVELOPMENT APPROVALS REQUIRED, APPLIED FOR OR RECEIVED FOR THE APPLICATION PROPERTY BY THE CITY OR ANY OTHER JURISDICTION OR AGENCY?

Yes No If Yes, Describe Briefly and Attach a Copy of Each Permit, Approval or Application

APPLICANT/PROPERTY OWNER CERTIFICATION*

I/we acknowledge receipt of the instruction sheet explaining the method of submitting this application. I/we realize that this application cannot be processed unless it is completely filled in; is accompanied by a current abstractor's certificate as required in the instruction sheet; and is accompanied by the appropriate fee. I/we further certify that the foregoing information is true and correct to the best of our knowledge. I/we acknowledge that the City of Abilene Planning Commission, Board of Zoning Appeals or City Commission shall have authority to impose such conditions as it deems necessary in order to serve the public interest and welfare.

Applicant Signature

Date

Property Owner Signature

Date

** This Application must bear the signature(s) of the property owner(s). If an authorized agent signs on the owner's behalf, the agent shall sign his own name and attach the owner's written notarized authorization to this Application.*

PART II - TO BE COMPLETED BY STAFF

DOCUMENTS TO BE SUBMITTED WITH APPLICATION

- | | | |
|--|---|---|
| <input type="checkbox"/> Copy of Deed | <input type="checkbox"/> Easements and Covenants | <input type="checkbox"/> Location Map |
| <input type="checkbox"/> Site Plan | <input type="checkbox"/> Preliminary Plat | <input type="checkbox"/> Final Plat |
| <input type="checkbox"/> Infrastructure Plans | <input type="checkbox"/> Development Agreement | <input type="checkbox"/> Grading and Stormwater Plans |
| <input type="checkbox"/> Elevation Survey | <input type="checkbox"/> Traffic Impact Study | <input type="checkbox"/> Construction Plans |
| <input type="checkbox"/> Performance Agreement | <input type="checkbox"/> Proof of Notification | <input type="checkbox"/> Utility Plans |
| <input type="checkbox"/> Text Amendment Language | <input type="checkbox"/> Property Owner List | <input type="checkbox"/> Comprehensive Plan Amendment Justification |
| <input type="checkbox"/> Annexation Boundary Map | <input type="checkbox"/> Operating Characteristics Report | <input type="checkbox"/> Administrative Appeal Justification |
| <input type="checkbox"/> Variance Justification | <input type="checkbox"/> Other _____ | |

Additional document requirements provided to applicant on _____. The applicant is advised that the application is not accepted for public review until such time as the above identified documents are submitted and a Determination of Complete Application is certified.

_____	_____
Name	Title
_____	_____
Signature	Date

*** Number of copies for submission determined by Zoning Administrator. The Zoning Administrator may request additional information as deemed necessary to properly evaluate the permit application.*

APPLICATION REVIEW

DECISION-MAKING BODY: Staff Planning Commission
 City Commission Board of Zoning Appeals

DATE OF INITIAL HEARING(S): _____

FEE AMOUNT: \$250 **DATE FEE PAID:** _____

DETERMINATION OF COMPLETE APPLICATION:

I certify that the Development Approval Application and attached documents are sufficient in form and content for review and recommendation by the decision-making bodies of the City of Abilene. As such, all required notifications and hearings may proceed pursuant to City regulations and procedures. This certification does not preclude the review, recommendation and/or decision-making bodies from requesting additional information as deemed necessary to serve the public interest.

_____	_____
Name	Title
_____	_____
Signature	Date