



Jackson County, Kansas

Office of Planning and Land Information

400 New York; Suite 202 Holton, KS 66436

Phone: (785) 364-4781; Fax: (785) 364-5257

Zoning Compliance Application

Application Does Not Constitute a Compliance Certificate

Complete the following and provide a site plan

Property Owner/Applicant Information			
Name:		Address:	
City:	State:	Zip Code:	Phone:
Contractor Information			
Name:		Address:	
City:	State:	Zip Code:	Phone:
Property/Building Information			
Situs Address:		City:	State: Zip Code:
Parcel #		Acres:	
Section:	Township:	Range:	Estimated Cost:
Project:		Construction Type:	
#Bedroom:	#Baths:	Dimensions: X	Sq Ft:
Basement: Full/Partial/None		Basement Finished Sq. Feet:	
Explain:		Estimated Completion Date:	
Septic: Y/N	Septic Permit #		Water: Rural/City/None
Office Use Only			
Zoning District:	FIRM Panel:	FIRM Zone:	Breach Impact:
Application Fee:	Check Number:	Receipt Number:	
Application #			

Application #

Permits shall become null and void ninety (90) days after the date which they are issued, unless within said period construction, structural alteration, or moving of a structure is commenced or a use is commenced. If the construction or work is abandoned or suspended for any one hundred eighty (180) day period after such permit is issued, an application must be made for a new permit. By signing below the applicant agrees to follow any restrictive covenants' on file and all applicable laws and regulations of Jackson County, Kansas. The applicant also agrees to adhere to all applicable State and Federal Statues and Laws.

This permit is not valid until septic inspection/permit has been completed by the Northeast Kansas Health Department and all proper documentation has been submitted to the Jackson County Zoning Office.

I (we) undersigned property owner(s) of record hereby authorize the filing of this application and declare that all required materials are submitted along with this application and that the information and material submitted are complete and accurate. I (we) hereby acknowledge that this application will be processed in sequence with respect to other submittals.

Printed Name

Signature

Date