

APPLICATION FOR ZONING CERTIFICATE

-ELLIS COUNTY, KANSAS

*Review Zoning Regulations for Checked District for Setback Requirements.

**Notify the Ellis County Zoning Office upon completion of structure.

Zoning Certificate Application	
<u>Office Use Only</u>	
Parcel _____	# _____
Permit _____	# _____
Permit Fee _____	
Paid _____	Bill _____

PROPERTY INFORMATION	BUILDING INFORMATION
Name of owner _____	Site Address _____
Mailing Address _____	Legal Description _____
City _____ State _____ Zip Code _____	Quarter _____ S _____ T _____ R _____
Telephone _____	Number of Acres _____
CONTRACTOR INFORMATION	Type of Work to be Done
Contractor Name _____	Construct _____ Alter _____ Repair _____ Other _____
Contractor Address _____	Structure Type _____
Contractor Telephone _____	Intended Use
APPLICANT INFORMATION (if different)	Business _____ Personal _____
Name of Applicant _____	Estimated Cost _____
Mailing Address _____	Estimated Completion Date _____
City _____ State _____ Zip Code _____	Dimensions _____
Telephone _____	Will a Wastewater System need to be installed?
FEE INFORMATION (as of 6/21/10)	Yes _____ No _____
Zoned Agricultural = \$0 (no fee) <input type="checkbox"/>	Distance of bldg. from property lines
Non-Agricultural Zoning = \$75.00 <input type="checkbox"/>	Feet from _____ N _____ S _____ Feet from _____ E _____ W _____
Manufactured or mobile home _____ Year _____	
Zoning District (Mark One)	
<input type="checkbox"/> A-1: Agricultural	<input type="checkbox"/> C-1: Commercial
<input type="checkbox"/> TA-1: Transitional Agricultural	<input type="checkbox"/> AO: Airport Hazard Area
<input type="checkbox"/> RPC: River Protection Corridor	<input type="checkbox"/> F-1: Flex
<input type="checkbox"/> RR-1: Rural Residential	<input type="checkbox"/> I-1: Light Industrial
<input type="checkbox"/> SR-1: Suburban Residential	<input type="checkbox"/> V-1: Unincorporated Community
<input type="checkbox"/> RM: Mobile Home Residential	<input type="checkbox"/> IV-1: Schoenchen
	<input type="checkbox"/> PDO: Planned Development Overlay

The undersigned certifies that the information given herein is correct and that they will comply with the Zoning Regulations, and further understand a certificate issued upon false statement of any fact which is material to the issuance hereof shall be void. Certificates, when issued, DO NOT NULLIFY ANY DEED RESTRICTION VALIDLY FILED OF RECORD.

Owner/Applicant Signature _____ Date _____



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Please attach Map or Drawing with Structure location with Distances to other structures, water systems, and property lines

SEE ATTACHED MAP/DRAWING

FOR OFFICE USE ONLY

Any part of parcel in Zone A:	COMMENTS:
Building site close to Zone A:	
FloodPlain Permit Application Required? _____ # _____	
FEMA Panel #	
Need Wastewater permit?	
Need Water well permit?	
Site Evaluation?	
Entrance Application?	
Certificate of Occupancy?	

This application was received at the office of the Zoning Administrator on _____ day of _____, 20____.
It has been checked and found to be complete and accompanied by the required documents.

Zoning Administrator Signature

Approved on (date)

