



**Anderson County Planning Office**  
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**APPLICATION FOR OTHER STRUCTURES**

Permit # \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_

Applicant (If different from Owner): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Contractor: \_\_\_\_\_ Location of Bldg. Site: \_\_\_\_\_

Acreage: \_\_\_\_\_ Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_

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General description of structure to be built: \_\_\_\_\_

Size of structure: Width: \_\_\_\_\_ Length: \_\_\_\_\_ Total Square Footage: \_\_\_\_\_

Describe intended use of structure: \_\_\_\_\_

Describe present use of land 250 ft. of any boundary: \_\_\_\_\_

Will structure require sanitation facilities: \_\_\_\_\_ If yes, explain: \_\_\_\_\_

I, \_\_\_\_\_, hereby certify that the information provided herein is true and correct and that all zoning regulations shall be complied. I further understand any permit based upon false or incorrect statements of fact material to the issuance of the permit shall be void.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED. FEES AND DEPOSIT MUST BE PAID AT THE TIME APPLICATION IS FILED. I ALSO CERTIFY THAT THE DESCRIBED IMPROVEMENT SHALL COMPLY WITH ALL ZONING REGULATIONS.

<b>OFFICE USE ONLY</b>		
____ Site Plan	____ Sanitation Permit	____ Receipt #
____ Entrance Permit	____ Copy of Deed	____ Fees Paid
Assigned 911 address: _____		

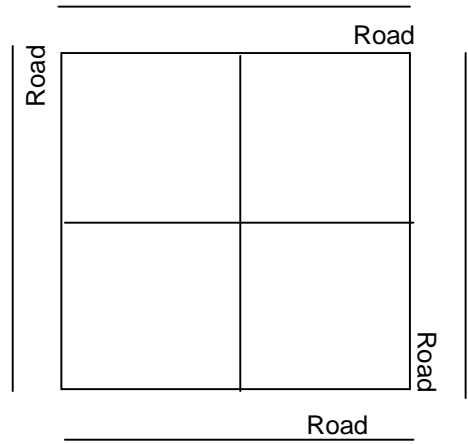
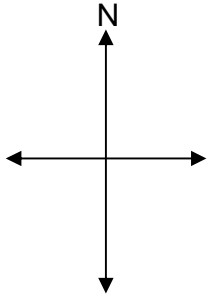
# Anderson County, Kansas

## SITE PLAN

Section: \_\_\_\_\_

Township: \_\_\_\_\_

Range: \_\_\_\_\_



\_\_\_\_\_ Feet

Feet

