



**Anderson County Planning Office**

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**Application for Subdivision**

Name of Subdivision \_\_\_\_\_

Legal Description \_\_\_\_\_

\_\_\_\_\_

Proposed Number of Lots: \_\_\_\_\_

Current Zoning: \_\_\_\_\_

Proposed Zoning: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

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

Property Owner: \_\_\_\_\_

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

**This application must also be accompanied by an application for a preliminary plat approval if Zoning Director requires a preliminary plat. Fees must be paid at the time application is filed.**

\_\_\_\_\_  
Signature of Applicant

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

**Office Use Only**

Completed Application Filed: \_\_\_\_\_

Planning Commission Agenda Date: \_\_\_\_\_ Public Notice Date: \_\_\_\_\_

Fees Paid: \$ \_\_\_\_\_