



Application & Certificate for Zoning Permit

Russell County Zoning
401 N. Main, P.O. Box 113
Russell, KS 67665
(785) 483-6650

This form must be completed by the applicant and returned to the office of the Zoning Administrator.

An incomplete application cannot be accepted.

Date: _____ Cama No. _____

Sec _____ Twp _____ Rng _____ Township Name: _____

Applicant/Owner _____

Mailing Address _____ Phone: () _____

Agent, if any _____ Phone: () _____

Mailing Address _____

Site Address: _____

Legal Description: _____

(attach separate sheet if necessary)

Acreage: _____

Directions to property: _____

<u>Type of Improvement</u>	
New Building	_____
Addition	_____
Alteration	_____
Repair	_____
Wrecking	_____

<u>Proposed Use</u>	
Residential, Single Family	_____
Residential, Multi-Family	_____
Number of Units	_____
Garage	_____
Other	_____

<u>Non-Residential</u>	
Commercial	_____
Industrial	_____
Office	_____
Public Building	_____
Other	_____

<u>Dimensions</u>	
Number of stories	_____
Exterior	_____
Square foot total	_____
Total land area	_____
Square foot	_____

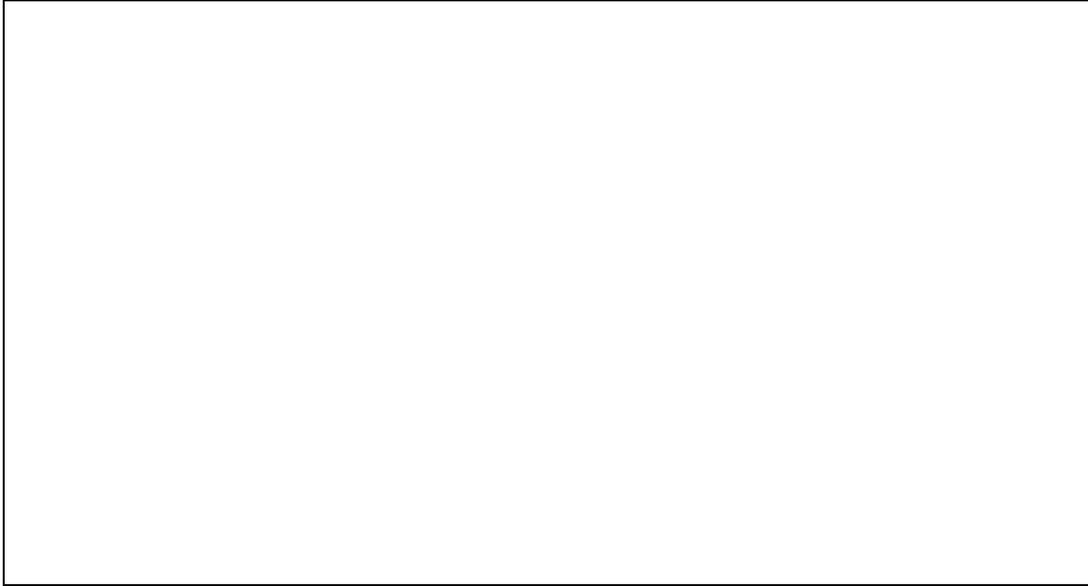
<u>Type of Frame</u>	
Masonry	_____
Wall Bearing	_____
Wood Frame	_____
Steel Frame	_____
Concrete	_____
Reinforced	_____
Other	_____

<u>Residential Building Only</u>	
Number of bedrooms	_____
Number of full bathrooms	_____
Number of partial bathrooms	_____
Total plumbing fixtures	_____

N

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E



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1. In the block above, show location of the proposed building(s) and adjoining roads or streets.
2. Distance from buildings to the property line must also be shown.

Intended Use: _____ Zoning District: _____
 Estimated Completion Date: _____ Estimated Cost: _____
 Contractor: _____

The undersigned certifies that the information given herein is correct and that they will comply with the Zoning Regulations. Undersigned further understands that a zoning permit issued upon false statement of any fact, which is material to the issuance hereof, shall be void. Undersigned agrees to furnish any additional information required for review and processing of this application

Signature of Applicant (Owner)

Date

Signature of Applicant (Owner)

Date

Signature of Authorized Agent (if any)

Date

Signature of Authorized Agent (if any)

Date

TYPE OF PROPOSED CONSTRUCTION:

Manufactured Homes: Year _____ Make _____ Model _____
Width _____ Length _____ VIN _____

Building: Type of Construction: _____

Type of slab: ___ Earth ___ Steel ___ Concrete ___ Other: _____

Type of frame: ___ Masonry ___ Wood ___ Steel ___ Concrete

Type of exterior: ___ Masonite ___ Brick ___ Wood ___ Concrete

Office Use Only:

Date Filed: _____ Fee Paid: _____ Received By: _____

Permit approved for: _____

on _____
(Date)

By: _____
Lenny Tyson, Zoning Administrator

Conditions attached to permit: _____

Permit denied: _____
(Date)

By: _____
Lenny Tyson, Zoning Administrator

Reason for denial: _____

This certificate is subject to cancellation if any misrepresentations have been made or if any changes are made, which violate zoning regulations. Zoning permits **DO NOT NULLIFY ANY DEED RESTRICTION VALIDLY FILED OF RECORD. This zoning permit will become null and void 90 days after date of issuance unless the type of activity covered by the permit has commenced. The use of the buildings and/or land as shown above conforms to the requirements of the Zoning Regulations of Russell County, Kansas, subject to the following conditions:** This addition is being constructed under a zoning certificate issued for the use herein described only. If the nature of this use changes a new application must be submitted to the Russell County Zoning Office.

Approved: _____
Zoning Administrator

Date