



Community Development Department
 6090 Woodson Street
 Mission, KS 66202
 Phone: (913) 676-8360
 Fax: (913) 722-1415

Permit # ____ - ____

Development Application

Applicant Name:	Company:
Address:	
City/State/Zip:	
Telephone:	
Email:	
Property Owner Name:	Company:
Address:	
City/State/Zip:	
Telephone:	
Email:	
Firm Preparing Application:	Company:
Address:	
City/State/Zip:	
Telephone:	
Email:	
*All correspondence on this application should be sent to (check one) ____ Applicant ____ Owner ____ Firm	
Application Type	
Rezoning <input type="checkbox"/> Plat <input type="checkbox"/> Site Plan <input type="checkbox"/> SUP <input type="checkbox"/> Lot Split <input type="checkbox"/> Other (Specify): _____	
Description of Request	
Please provide a brief description of the request:	

Project Details

General Location or Address of Property:

Present zoning of property:

Present use of property:

Agreement to Pay Expenses

Applicant intends to file an application with the Community Development Department of the City of Mission, Kansas (City). As a result of the filing of said application, City may incur certain expenses, such as but not limited to publication costs, consulting fee, attorney fee, and court reporter fees. Applicant hereby agrees to be responsible for and to reimburse City for all cost incurred by City as a result of said application. Said costs shall be paid within ten (10) days of the receipt of any bill submitted by City to Applicant. It is understood that no requests granted by City or any of its commissions will be effective until all costs have been paid. Costs will be owed whether or not Applicant obtains the relief requested in the application.

Affidavit of Ownership and/or Authorization of Agent

I, _____ certify that I am the owner or contract purchaser of the subject property. I give my permission for the undersigned to act as my agent on behalf of the application hereby being submitted.

X _____ Date _____
Signature (Owner)

X _____ Date _____
Signature (Owner's Agent)

*****FOR OFFICE USE ONLY*****

File Fee: \$
Total:
Receipt #
Notes:

Meeting Date
PC _____ CC _____
Date Notices Sent
Date Published
Decision