



City of Goddard
118 North Main, PO Box 667
Goddard, KS 67052
P. 316.794.2441
Email: mscoggan@goddardks.gov
www.goddardks.gov

APPLICATION FOR SUBDIVISION APPROVAL (PLAT)

Case No. _____

This form is an application for processing a subdivision plat within the City of Goddard, Kansas. Please complete the form, and return it along with the filing fee to the City of Goddard at:

118 N. Main/PO Box 667, Goddard, KS 67052

Please note, an incomplete application cannot be accepted.

Applicant(s) Name: _____

Address: _____

Phone: _____

Email: _____

Name of Agent, If any: _____

Address: _____

Phone: _____

Email: _____

Property Owner(s): Name: _____

Address: _____

Phone: _____

Email: _____

General Location: _____

Name of Subdivision: _____

Legal description of property: _____

SUBDIVISION INFORMATION:

Gross acreage of plat: _____

Number of Residential Lots: _____ Number of Commercial Lots: _____

Number of Industrial Lots: _____ Total Number of Lots being platted: _____

Minimum Lot Frontage: _____

Minimum Area: _____

Existing Zoning: _____ Proposed Zoning: _____

The owner(s) herein agrees to comply with the Subdivision Regulations for the City of Goddard, Kansas and all other related ordinances, resolutions, policies and standards of the City. It is further agreed that all costs of recording the plat and supplemental documents thereto with the Register of Deeds shall be paid by the owner. The undersigned further states that he/she is the owner of the land proposed for platting and when requested, will permit officials of the City, County or Township to inspect the land as may be necessary for proper plat review.

Applicant's Signature

Agent (if any)

Applicant's Signature

Agent (if any)

Please include the following with this application:

- Filing fee of \$300 + \$10 for each lot/acre greater than one. Make checks payable to "City of Goddard"
- One PDF file.
- Narrative statement describing the reasons for the request, including any potential problems the request may raise, and setting forth the applicant's reasons why the request should be granted.
- Title work

City of Goddard Office Use Only

This application was received by the City at _____ (a.m./p.m.) on _____ (Date)

It has been reviewed and found to be complete and accompanied by the required documents and application fee of _____.

City of Goddard

cc: Applicant