



Johnson County Department of Planning & Zoning

Application for Technical Review

Important Information:

- This form must be filled out in its entirety. Failure to properly complete this form will result in the rejection of this submittal.
- Plans should be marked with the latest date of revision and appropriate title.
- Detailed plans should show all features of the site, including, but not limited to: utilities, drainage, building dimensions, access to all county roads, contour lines and topography, landscaping, parking, etc.
- A recorded legal description of the subject parcel is required. This can be obtained from the Johnson County Recorder's office, and must be stamped with the book & page or instrument number.
- Make sure that you follow the published calendars and submit proper items by deadlines shown.

Applicant: _____ Address: _____

Phone: _____ Fax: _____ Email: _____

Property Owner(s): _____ Address: _____

Phone: _____ Fax: _____ Email: _____

Project: _____ Acreage: _____ Township: _____

Subdivision: _____ Section #: _____ # of Lots: _____

Address or General Location: _____

Section: _____ Township: _____ Range: _____ Zoning Classification: _____

Please check appropriate box:

- | | | |
|--|--|---|
| <input type="radio"/> Commercial Site Plan | <input type="radio"/> Construction Plans | <input type="radio"/> Drainage Design Review |
| <input type="radio"/> Major Subdivision Preliminary Plat | <input type="radio"/> Major Subdivision Re-Subdivision | <input type="radio"/> Major Subdivision Sketch Plan |
| <input type="radio"/> Minor Subdivision Re-Subdivision | <input type="radio"/> Minor Subdivision Sketch Plan | <input type="radio"/> PUD Phase _____ |
| <input type="radio"/> Rezoning (_____ to _____) | <input type="radio"/> Special Exception | <input type="radio"/> Variance |
| <input type="radio"/> Other: _____ | | |

Description of Submittal: _____

Signature of Applicant

Printed Name of Applicant

Date

Scheduled for Review:

- | | | |
|--|---|---|
| <input type="radio"/> Board of Zoning Appeals: _____ | <input type="radio"/> Commissioners: _____ | <input type="radio"/> Drainage Board: _____ |
| <input type="radio"/> Plan Commission: _____ | <input type="radio"/> Technical Review: _____ | |

Staff Use Only:

Case Number: _____ Date Materials Accepted: _____ Staff Initials: _____

Drainage Board #: _____ Receipt #: _____ Cash: _____ Check #: _____ Credit: _____