



# 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: \_\_\_\_\_