

ZONING CERTIFICATE APPLICATION

TO

THE CITY OF GARNETT, KANSAS 66032-0230

APPLICATION NO. _____

DATE: _____

(TO BE FILLED IN BY APPLICANT)

I, _____ of _____,
(Print Full Name) (Give Full Address) (Phone No.)

hereby make application to the City of Garnett for a Zoning Certificate as required by Ordinance No. 3059. I understand that I must submit all plans, information, plats and the required fee, as required herein, with this application before the application will be accepted for consideration. I also understand that my application must be acted upon within thirty (30) days, unless I consent to an extension of time. A Zoning Certificate shall become null and void six (6) months after the date on which it is issued, unless within such six-month period construction, building, moving, remodeling or reconstruction of a structure is commenced or a use is commenced.

Signature of Applicant

Please provide the following information:

TYPE OF STRUCTURE/PROJECT: _____

_____ Manufactured Home - Constructed on or after July 13, 1994

_____ Manufactured Home; Residential Design - appearance when installed of an on-site, conventionally built home

_____ Modular Home (Dream Home) _____ Stick Built Home

Construction site address if different from above address: _____



