

**APPLICATION
For A
LIMITED ASPHALT / CONCRETE PLANT**

Parcel ID# _____ S _____ T _____ R _____

Business Name: _____

Project Description: _____

Address or Vicinity of Proposal: _____

Current Zoning: _____

PROPERTY OWNER	CONTRACTOR / BUSINESS OWNER
NAME:	NAME:
ADDRESS:	ADDRESS:
PHONE:	PHONE:
FAX:	FAX:
EMAIL:	EMAIL:

SURVEYOR / ENGINEER	CONTACT PERSON
NAME:	NAME:
ADDRESS:	ADDRESS:
PHONE:	PHONE:
FAX:	FAX:
EMAIL:	EMAIL:

Property Owner's Signature: _____ *Date:* _____

Contractor / Business Owner's Signature: _____ *Date:* _____

OFFICE USE ONLY	
<input type="checkbox"/> Affidavit <input type="checkbox"/> Env. Health Permit <input type="checkbox"/> Surety / Bond <input type="checkbox"/> Entrance Permit <input type="checkbox"/> Reclamation Plan	<input type="checkbox"/> Deed <input type="checkbox"/> Parcel Book <input type="checkbox"/> Floodplain <u>Yes/No</u> <input type="checkbox"/> Engineering <input type="checkbox"/> Site Plan <input type="checkbox"/> Haul Roads Map/Agrmt. <input type="checkbox"/> Building Permit <input type="checkbox"/> KDHE Permit
Application filed: _____	Application approved by: _____
Approval date: _____	
Fees:	
Application amount: \$ _____	Receipt # _____
Application # _____	