



INSTRUCTIONS

BOUNDARY ADJUSTMENT APPLICATION

1. The applicant/agent shall fill out the attached application. The attached application form must be completely filled in before it can be filed. Portions of the form that are not applicable shall be marked N/A. All applications must be signed by the owner.
2. The applicant/agent should review the lot split provisions of the Subdivision Regulations to assure a complete understanding of the requirements.
3. The application shall be accompanied by three (3) copies of the proposed Boundary Adjustment as prepared by a registered land surveyor.
4. The filing fee for a Boundary Adjustment shall be \$25.



Section No. _____

Boundary Adjustment No. _____

Township No. _____

Date Filed _____

Range No. _____

BOUNDARY ADJUSTMENT APPLICATION

Name of Parcel 1 Owner _____

Mailing Address _____

Email _____ Phone _____

Name of Parcel 2 Owner _____

Mailing Address _____

Email _____ Phone _____

Name of Agent _____

Mailing Address _____

Email _____ Phone _____

Name of Surveyor _____

Mailing Address _____

Email _____ Phone _____



BOUNDARY ADJUSTMENT INFORMATION:

1. General location or address of both parcels _____

2. Amount of acreage transferring from Parcel 1 to Parcel 2 _____
3. Parcel ID Number for Parcel 1 _____
4. Total acreage after Boundary Adjustment for Parcel 1 _____
5. Parcel ID Number for Parcel 2 _____
6. Total acreage after Boundary Adjustment for Parcel 2 _____
7. Minimum Parcel Frontage for Parcel 1 _____
8. Minimum Parcel Acreage for Parcel 1 _____
9. Existing Zoning for Parcel 1 _____ Existing Zoning for Parcel 2 _____
10. Public Water Supply (Yes, No) _____
11. Public Sanitary Sewer (Yes, No) _____
12. Health Department Approval where applicable (Yes, No) _____
13. Road Right-of-Way Width _____
14. Sidewalks (Yes, No) _____



The owner herein agrees to comply with the Subdivision Regulations for Reno County, as amended, and all other pertinent resolutions of Reno County, and statutes of the State of Kansas. It is agreed that all costs of recording the boundary adjustment and supplemental documents thereto with the Register of Deeds shall be assumed and paid by the owner at the time of filing. The undersigned further states that he/she is the owner of the property proposed for the boundary adjustment.

Signature of Parcel 1 Owner _____

Agent (if any) _____

OFFICE USE ONLY:

Received by the Zoning Administrator, at _____ (A.M.)(P.M.) on this ____ day of _____, 20____, together with the appropriate fee of \$25.

Name and Title

Approved by _____
Health Department

Denied by _____
Health Department

Comments _____

Approved by _____
Zoning Administrator

Denied by _____
Zoning Administrator

Comments _____



BOUNDARY ADJUSTMENT CHECK LIST:

Application No. _____ Date _____

Name of Parcel 1 Owner _____

Name of Surveyor _____

Signature of Person who Completed this Check-List _____

INSTRUCTIONS

The following check-list is to be completed by the Zoning Administrator or his/her designee. If the answer to any of the questions is "No", a written explanation should accompany this check-list.

	<u>Yes</u>	<u>No</u>
A. Have signed statements from each owner on the ownership list been submitted?	_____	_____
B. Have required copies of the survey or drawing been submitted?	_____	_____
C. Does the application comply with the "Approval Guidelines" set out in Article 3, Boundary Shifts?	_____	_____
D. Are any additional requirements necessary:		
1. Installation of water lines?	_____	_____
2. Installation of sanitary sewer?	_____	_____
3. Installation of storm sewer?	_____	_____
4. Street pavement?	_____	_____
5. Dedication of street right-of-way?	_____	_____
6. Dedication of easements?	_____	_____
7. Submission of deed restrictions?	_____	_____
E. How has installation been guaranteed?		
1. Actual construction.	_____	_____
2. Bond.	_____	_____
3. Petition.	_____	_____
F. Has the filing fee of \$25 been submitted?	_____	_____



In order for the boundary adjustment to be approved, the following language shall be included on the boundary adjustment survey:

I, _____, Zoning Administrator of Reno County, Kansas, do hereby certify under the authority granted me by the Subdivision Regulations of Reno County, Kansas, that the boundary adjustment to which my signature below is given has been approved as being in conformance with the provisions of the Reno County Subdivision Regulations. Given under my hand this _____ day of _____, 20____.

Zoning Administrator