



Date Filed		Application No.	
Drainage Study Attached		Fee Receipt No.	
Site Plans		Accepted By	

APPLICATION FOR PRELIMINARY SUBDIVISION APPROVAL

1. Subdivision Name: _____
2. Subdivision Location (general): _____
3. Land Area (sq. ft. and/or acres): _____
4. Number of Lots Proposed: _____
5. Present Zoning: _____ Present Use: _____
6. Pending Zoning (if applicable): _____ Proposed Use: _____
7. Legal Description: _____
8. Describe the extent and nature of the proposed development:

9. Drainage Study (describe general effect here and attach detailed study):

10. Waivers of subdivision requirements requested (if any) and justification for requested waivers:

11. Applicant Name: _____
 Applicant Address: _____
 Phone Number: _____ E-Mail: _____
12. Property Owner: _____
 Address: _____
 Phone Number: _____ E-Mail: _____
13. Engineer/Surveyor: _____
 Address: _____
 Phone Number: _____ E-Mail: _____
14. Authorized Representative: _____
 Address: _____
 Phone Number: _____ E-Mail: _____

I hereby agree to comply with the Subdivision Regulations of the City of Salina, Kansas, and all other pertinent ordinances of the City of Salina and statutes of the State of Kansas.

Applicant's Signature: _____ Date: _____