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CITY OF LYNDON, KANSAS
SITE PLAN REVIEW APPLICATION

For Office Use Only

Case No.: _____
Date Filed: _____
Date Reviewed: _____
Date Approved: _____

PROJECT NAME: _____
PROJECT ADDRESS: _____

OWNER NAME: _____
OWNER ADDRESS: _____

ARCHITECT/ENGINEER NAME: _____
ARCHITECT/ENGINEER ADDRESS: _____

1. What is the current zoning of the property proposed for development? _____

2. Does the proposed development comply with this zoning? _____ If not, what is the appropriate zoning for this development? _____

3. Does the proposed development fall within a Historical District? _____
If yes, please answer the following questions:

3a. Has the State Preservation Office approved these plans? _____

If yes, when were they approved? _____ (please attach letter of approval)

If no, Site plans must be reviewed by the State Preservation Office prior to receiving any building permits. The City of Lyndon must receive authorization from the State before the project can proceed.

4. Does the proposed development fall within the Downtown Design Guidelines?
(See Article 11) _____ Yes _____ No

5. Does the proposed development conform with all zoning regulations including:
Setbacks: _____
Outdoor Storage Regulations: _____
Screening: _____
Landscape Requirements: _____
Other: _____

6. Is the proposed development compatible with the surrounding area? _____

If no, explain: _____

7. Does the proposed development conform to the provisions of the City's Subdivision Regulations? _____

8. Does the Site Plan conform to the customary engineering standards used by the City of Lyndon? _____ If no, explain: _____

9. Does the proposed development's location of streets, paths, walkways, and driveways minimize the impact of traffic to the surrounding area? _____

If no, explain: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

STAFF TERMS AND CONDITIONS:

SIGNATURE: _____

Zoning Administrator

DATE: _____