

730 Topeka
P.O. Box 287
Lyndon, KS 66451-0287
Phone: 785 828-3146

CITY OF LYNDON, KANSAS
ACCESSORY BUILDING PERMIT

Permit #: _____
Fee: \$50.00
Date Paid: _____

Property owner: _____
Name Address
Phone Email

Contractor: _____
Name Phone

LEGAL DESCRIPTION OF PROPERTY. This information is on your abstract, your tax statement, or available at the Osage County Register of Deeds Office located in the courthouse.

Describe the type of structure being placed on your property:

SETBACKS: Is location on a corner lot? Yes No
(If yes, the front property line setback is required on both streets)

_____ feet from the front property line (25 feet from property line)
_____ feet from side yard property line (See Article 5)
_____ feet from side yard property line (See Article 5)
_____ feet from back property line (10 feet from property line)

Cost of Project: _____ Square Footage: _____

Estimated starting date: _____ Completion date: _____

IMPORTANT: Attach a separate sheet showing structure dimensions and locations on the lot and the placement of the proposed structure. Indicate all setbacks, public or private easements, height of structure, and parking (if applicable). **The property owner or agent is responsible for the accuracy and verification of all dimensions given, as well as any legal surveying if needed.**

A Site Plan/Sketch is required, is it attached? Yes No

APPLICANT PLEASE READ

I hereby certify that I have read and examined this application and know the same to be true and correct. **I hereby certify that I have been authorized by the owner to act as his/her agent in applying for and obtaining this permit prior to work being initiated.** All provisions of laws and ordinances governing this type of work will be complied with, whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Signature of Applicant _____ Date _____

"THE ZONING ADMINISTRATOR HAS 10 DAYS TO REVIEW PAID PERMITS ONCE THEY ARE SUBMITTED. PERMITS WILL NOT BE APPROVED AND RETURNED BEFORE THE ALLOTTED TIME".

NOTE: This application (if approved) expires **one year** after date of issuance unless the project is started within six months of approval.

IF APPLICATION IS NOT APPROVED:

- You have the right to file a request for a hearing before the Board of Zoning Appeals.
- See Article 12, or contact the City Clerk’s Office for procedure.
- Request must be made within thirty (30) days of being disapproved.

≈ SECTION BELOW FOR CITY USE ONLY ≈

Zoning _____ Occupancy _____ Floodplain _____ ADA _____
Approved _____ Denied _____

Comments of Zoning Administrator:

Date: _____ Signed: _____
Zoning Administrator



Planning & Zoning Dept. - Site Plan/Sketch

Permit #: _____ Contractor: _____
 Address: _____ Phone #: _____

Permit Requirements:

*The following requirements **must** be clearly marked in order for your permit to be submitted for review by the Planning and Zoning Administration;

- Neighboring streets
- Property lines
- All existing structures and fences with dimensions
- Dimensions of the proposed structure
- Structure permanent or non-permanent (movable)
- All set-back distances from property lines
- Height and type of fence (i.e. chain link, privacy, etc)

****The Zoning Administrator will not consider the permit unless all of the above listed requirements are included in the site sketch.**

