

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

CITY OF LYNDON, KANSAS
FINAL PLAT CHECKLIST

Fee: \$50.00

Date Paid: _____

For Office Use Only

Subdivision No.: _____

Date Filed: _____

Date of P.C. Meeting: _____

Date of C.C. Meeting: _____

I. Name of Subdivision: _____

II. Name of Owner: _____

III. Name of Subdivider: _____

IV. Name of Person who prepared the Plat: _____

V. Date of Hearing: _____

Instructions:

The following checklist is to be completed by the Zoning Administrator and shall accompany the Final Plat when it is submitted to the Planning Commission. If the answer to any of the questions is "No", a written explanation must accompany this checklist.

I. Does the Final Plat show the following information?

	<u>Yes</u>	<u>No</u>
A. Name of the subdivision.	<input type="checkbox"/>	<input type="checkbox"/>
B. Location of section, township, range, county and state, including the descriptive boundaries of the subdivision based on an accurate traverse, giving angular and linear dimensions which must be mathematically correct.	<input type="checkbox"/>	<input type="checkbox"/>
C. Location of monuments or bench marks. Location of such monuments shall be shown in reference to existing official monuments or the nearest established street, lines, including the true angles and distances to such reference points or monuments.	<input type="checkbox"/>	<input type="checkbox"/>

	<u>Yes</u>	<u>No</u>
D. The location of lots, blocks, streets, public highways, alleys, parks and other features, with accurate dimensions in feet and decimals of feet with the length of radii on all curves, and other information necessary to reproduce the plat on the ground. Dimensions shall be shown from all curbs to lot lines.	<input type="checkbox"/>	<input type="checkbox"/>
E. Lots numbered clearly. Blocks numbered or lettered clearly in the center of the block.	<input type="checkbox"/>	<input type="checkbox"/>
F. Exact locations, widths and names of all streets and alleys to be dedicated.	<input type="checkbox"/>	<input type="checkbox"/>
G. Boundary lines and descriptions of the boundary lines of any area other than streets and alleys, which are to be dedicated or reserved for public use.	<input type="checkbox"/>	<input type="checkbox"/>
H. Minimum area and associated minimum elevation for the building on each lot planned as a building site when requested by the Planning Commission.	<input type="checkbox"/>	<input type="checkbox"/>
I. Building setback lines on the front and side streets with dimensions.	<input type="checkbox"/>	<input type="checkbox"/>
J. Name and address of the registered land surveyor preparing the plat.	<input type="checkbox"/>	<input type="checkbox"/>
K. Scale of plat, 1" = 100' or larger, date of preparation and north point.	<input type="checkbox"/>	<input type="checkbox"/>
L. Statement dedicating all easements, streets, alleys, and all other areas not previously dedicated.	<input type="checkbox"/>	<input type="checkbox"/>
VII. Was the original on mylar, tracing cloth, or similar material and were ten (10) copies submitted?	<input type="checkbox"/>	<input type="checkbox"/>
VIII. Have all the acknowledgements been signed?		
A. Owner or owners and all mortgager.	<input type="checkbox"/>	<input type="checkbox"/>
B. Dedications or reservations.	<input type="checkbox"/>	<input type="checkbox"/>
C. Engineer, surveyor or person preparing plat.	<input type="checkbox"/>	<input type="checkbox"/>
D. City Clerk and County Collector.	<input type="checkbox"/>	<input type="checkbox"/>

Yes No

IX. Title Opinion:

- A. Submitted (Date) _____
- B. Have all owners and mortgager signed plat?

X. Has certificates been submitted stating that all taxes and special assessments due and payable have been paid?

XI. Deed Restrictions:

- A. Are any deed restrictions planned for subdivision?
- B. If so, has a copy been submitted?

XII. How has installation of the following improvement been guaranteed?

	<u>Construction</u>	<u>Bond</u>	<u>Petition (%)</u>
Streets	_____	_____	_____
Water	_____	_____	_____
Sewer	_____	_____	_____
Sidewalks	_____	_____	_____
Other, as required	_____	_____	_____
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

XIII. Are additional comments attached? _____

Date Reviewed: _____

Zoning Administrator