

Lawrence Douglas County Planning Office

1 Riverfront Plaza, Ste 320 | P.O. Box 708 Lawrence, KS 66044 (785) 832-7700 Fax (785) 832-3110 http://www.lawrenceks.org/pds/

DESIGN REVIEW APPLICATION CHECKLIST

Application materials must be submitted electronically via the <u>Citizen Self-Service Portal</u>. If you are unable to provide the materials online, please contact the Planning Office at 785-832-7700.

This checklist has been provided to assist you, the applicant, as you prepare your application. Submission of less information than necessary to adequately review and process your application will delay the review process.

The applicant shall meet with Planning Staff at least seven (7) working days prior to submittal of the application.

Planning Staff will determine the completeness, accuracy, and sufficiency of the application within five (5) working days of submission. The applicant will be notified if an application is determined to be incomplete.

REQUIRED ATTACHMENTS:

Photographs of existing structure and site
Scaled or dimensioned site plan with a graphic/bar scale (PDF)
Scaled elevation drawings with a graphic/bar scale (PDF)
Scaled or dimensioned floor plans with a graphic/bar scale (PDF)
Materials list

ADDITIONAL INFORMATION MAY BE REQUIRED BASED ON THE SCOPE OF THE PROJECT



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OWNER AUTHORIZATION

ref		as the	e "Undersig following s				do here	by on this		, day of	hereby ,
1.	. I/We the Undersigned, on the date first above written, am/are the lawful owner(s) in fee simple absolute of the following described real property:										
	See "E	xhibit A	, Legal De	scription	n" attache	ed hereto a	nd incor	porated h	erein by	reference	
2.	I/We	the	undersi	gned,	have	previousl	y au	thorized	and	hereby	authorize (Herein
	referred to as "Applicant"), to act on my/our behalf for the purpose of making application with the Planning Office of Lawrence/Douglas County, Kansas, regarding (common address), the subject										
	property, or portion thereof. Such authorization includes, but is not limited to, all acts or things whatsoever necessarily required of Applicant in the application process.										
3.	3. It is understood that in the event the Undersigned is a corporation or partnership then the individual whose signature appears below for and on behalf of the corporation of partnership has in fact the authority to so bind the corporation or partnership to the terms and statements contained within this instrument.										
IN	WITNE	SS THE	REOF, I, th	ne Unde	rsigned, l	nave set my	/ hand a	and seal be	elow.		
Owner (printed name and position in corporation if signing for a corporation) STATE OF KANSAS COUNTY OF DOUGLAS				oration	Owner (printed name and position in corporation if signing for a corporation)						
Th	e forego	oing ins	trument w	as ackn	owledged	before me	on this		_ day of		_, 20,
by											
Μ	y Comr	mission	Expires:								
_						Not	Notary Public				