

Preliminary Plan Approval Application



Current Planning Division
Planning and Development Services Department
8500 Santa Fe Drive - Overland Park, KS 66212
913/895-6217 - Fax 913/895-5013
E-mail: pod@opkansas.org

Planning and Development Services Department

www.opkansas.org

Preliminary Plan

Revised Preliminary Plan

Address/Vicinity of Request: _____

Purpose of Request: _____

Current Zoning District: _____ Related Case Number: _____

Real Estate Parcel ID Number: _____ Acreage: _____

Adjacent Thoroughfares: _____

Public Hearing Required Yes No

Application Fee: _____
(Fee Schedule on Back)

APPLICANT

Name: _____ Contact: _____

Address: _____ Suite: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

OWNER

Name: _____ Contact: _____

Address: _____ Suite: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

ARCHITECT

Name: _____ Contact: _____

Address: _____ Suite: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

ENGINEER

Name: _____ Contact: _____

Address: _____ Suite: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Preliminary Plan Application - Fees

OVERLAND PARK

K A N S A S

ABOVE AND BEYOND. BY DESIGN.

Current Planning Division

Planning and Development Services Department

8500 Santa Fe Drive - Overland Park, KS 66212

913/895-6217 - Fax 913/895-5013

E-mail: pod@opkansas.org

Planning and Development Services Department

www.opkansas.org

	TRACT SIZE	FEE
A. Preliminary or Revised Plan Approval Non-Public Hearing Required		\$175
B. Preliminary or Revised Plan Approval Public Hearing Required		
	0 - 10 Acres	\$375
	10.1 - 20 Acres	\$500
	20.1 - 50 Acres	\$625
	50.1 - up	\$750

Application Cover Sheet



Current Planning Division
8500 Santa Fe Drive
Overland Park, KS 66212
(913)895-6217 Fax (913)895-5013
E-mail: pod@opkansas.org

Planning and Development Services Department

www.opkansas.org

TYPE OF APPLICATION: REZONING PRELIMINARY PLAN
 SPECIAL USE PERMIT PRELIMINARY PLAT

PROJECT NAME _____

PROJECT ADDRESS / LOCATION _____

PROJECT DATA

Proposed Zoning/Use _____

Current Zoning _____ Land Area (Acres) _____

Density (Residential) Total Units _____ Units Per Acre _____

Density (Non-residential) Square Footage _____ FAR (Floor Area Ratio) _____

Master Plan Designation _____

Deviations _____

PRE-APPLICATION MEETING

Is a neighborhood meeting scheduled? Yes No _____
If yes, place and date.

Was a pre-application meeting held? Yes No _____
If yes, place and date.

If a meeting was held, include the names of those that were present:

Applicant _____ Staff _____

Developer _____ Staff _____

Architect _____ Staff _____

Engineer _____ Staff _____

Other _____ Staff _____

REQUIRED STUDIES

Are studies required with your application? Yes No

If yes, which ones are they included with your application?

Storm Water Management Study (Check if included)

Traffic Study (Check if included)

OTHER REQUIREMENTS (Must be included with application)

CD with all site plans in PDF format, labeled with project name

Five sets of drawings (Refer to checklist)

Electronic copy of legal description (Rezoning and Special Use Permits)

Other _____