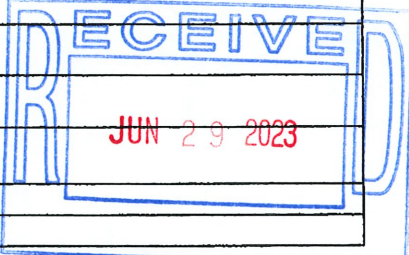


Parcel ID: 126-24-0-015.06-0
 Application Filing Date: _____

**APPLICATION
 FOR
 SUBDIVISION – FINAL PLAT**

Name of Development: WHISPER WINDS
 Vicinity: W. 319th & Switzer Rd
 Current Zoning: CS

PROPERTY OWNER(S)	APPLICANT (if different than owner)
NAME: Larry F. & Robin K. Kueser	NAME:
MAILING ADDRESS: 31226 Metcalf Louisburg, KS 66053	MAILING ADDRESS:
PHONE: (913)963-1267 EMAIL: kclandman@yahoo.com	PHONE: EMAIL:
SURVEYOR / ENGINEER	CONTACT PERSON
COMPANY NAME: <u>AUKENBAND DESIGN</u>	NAME:
SURVEYOR NAME:	MAILING ADDRESS:
ADDRESS:	PHONE: EMAIL:
PHONE: FAX:	PHONE: EMAIL:



OWNER STATEMENT: I/We the (owner(s)/duly authorized agent), do hereby make application to divide the property described with this applicant.

Owner's Signature (all owners must sign): [Signature] Date: 6-28-23
 Owner's Signature: [Signature] Date: _____

OFFICE USE ONLY	
Application #: <u>23011-SUB</u> Application Fee: \$ <u>440-</u> PC Hearing Date: _____ Receipt #: <u>509594</u> <u>S 24 T 17 R 24</u> Twp: <u>Middle Crk</u>	<input type="checkbox"/> Survey Full Copy <input type="checkbox"/> Survey Reduced Copy <input type="checkbox"/> Copy of Recording Fees/Receipt <u>K - 126-24-0 ~ 015.06-0</u> <input type="checkbox"/> <u>W - 126-24-0 ~ 015.04-0</u> <u>L - 126-24-0 ~ 015.07-0</u>

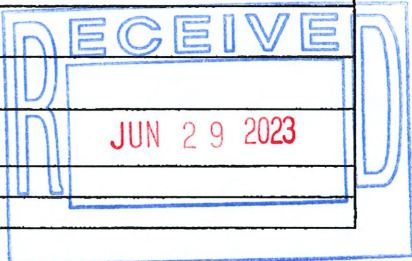
* Application was in complete when received on 6/21/2023
 * Recvd completed application on 6/29/2023
 * Still need notarized affidavits as of 6/29/2023

Parcel ID: 126-24-0-015.04-0
 Application Filing Date: _____

**APPLICATION
 FOR
 SUBDIVISION - FINAL PLAT**

Name of Development: WHISPER WOODS
 Vicinity: W. 319th St & Switzer Rd
 Current Zoning: CS

PROPERTY OWNER(S)	APPLICANT (if different than owner)
NAME: <u>RYAN WADE</u>	NAME:
<u>LEE ANN WADE</u>	
MAILING ADDRESS:	MAILING ADDRESS:
<u>31721 Switzer</u>	
<u>Lowville</u>	
PHONE: <u>916-462-7531</u>	PHONE:
EMAIL: <u>RYAN.HUNT@YAHOO.COM</u>	EMAIL:
SURVEYOR / ENGINEER	CONTACT PERSON
COMPANY NAME: <u>KEVIN BRAND DREW</u>	NAME:
SURVEYOR NAME:	
ADDRESS:	MAILING ADDRESS:
PHONE:	PHONE:
FAX:	EMAIL:



OWNER STATEMENT: I/We the (owner(s)/duly authorized agent), do hereby make application to divide the property described with this applicant.

Owner's Signature (all owners must sign): Ryan Wade Date: 6-28-23
 Owner's Signature: Lee Ann Wade Date: 6-28-23

OFFICE USE ONLY	
Application #: _____	<input type="checkbox"/> Survey Full Copy <input type="checkbox"/> Survey Reduced Copy <input type="checkbox"/> Copy of Recording Fees/Receipt <input type="checkbox"/>
Application Fee: \$ _____	
PC Hearing Date: _____	
Receipt #: _____	
S _____ T _____ R _____	
Twp: _____	

**SUBDIVISION APPLICATION
Final Plat**

Parcel ID# _____ S _____ T _____ R _____

Name of Development: _____

Vicinity of Development: _____

Current Zoning: _____

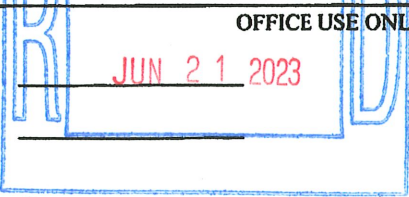
PROPERTY OWNER	APPLICANT (if different than owner)
NAME: <u>LARRY KUSAK</u>	NAME: _____
ADDRESS: <u>31791 SWITZER</u>	ADDRESS: _____
PHONE: <u>913-963-1267</u>	PHONE: _____
FAX: _____	FAX: _____
EMAIL: <u>KCLANDMAN @ YAHOO.COM</u>	EMAIL: _____

SURVEYOR / ENGINEER	CONTACT PERSON
NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
PHONE: _____	PHONE: _____
FAX: _____	FAX: _____
EMAIL: _____	EMAIL: _____

I/we, the (owner(s)/duly authorized agent), do hereby make application to divide the property described with this application.

Owner's Signature (all owners must sign): _____ Date: _____

Owner's Signature: _____ Date: _____

OFFICE USE ONLY	
Date application filed:	
PC Hearing date:	_____
Fees:	
Application amount: \$ _____	Receipt # _____
Date Fees Paid: _____	Application # _____

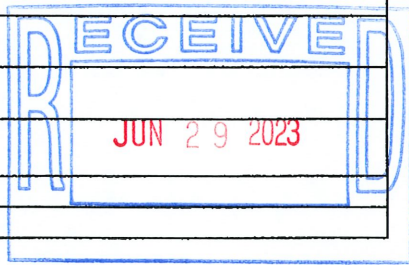
[Handwritten signatures and names]
 LARRY KUSAK
 MARK LLOYD
 RYAN WILDE
 JACLYN LLOYD
 LARRY KUSAK
 LARRY KUSAK

Parcel ID: 126-24-0-015.07-0
 Application Filing Date: _____

**APPLICATION
 FOR
 SUBDIVISION - FINAL PLAT**

Name of Development: WHISPER WIND
 Vicinity: W. 319th & Switzer Rd
 Current Zoning: CS

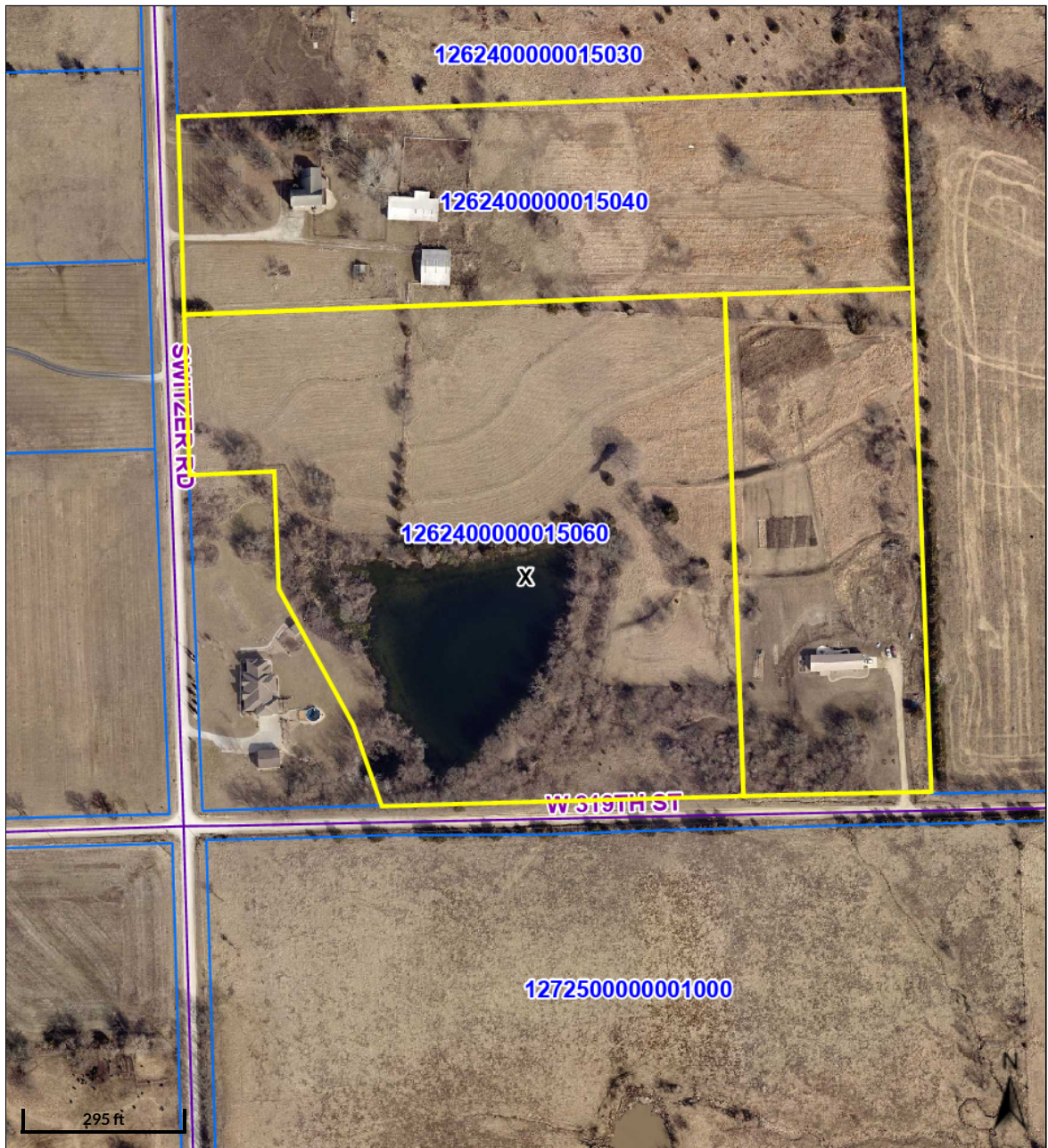
PROPERTY OWNER(S)	APPLICANT (if different than owner)
NAME: <u>MARK LLOYD</u>	NAME:
<u>JACLYN LLOYD</u>	
MAILING ADDRESS:	MAILING ADDRESS:
<u>9936 W 319TH</u>	
<u>LOUISBURG KS 66053</u>	
PHONE: <u>785-508-2048</u>	PHONE:
EMAIL: <u>MARKLLOYD185@gmail.com</u>	EMAIL:
SURVEYOR / ENGINEER	CONTACT PERSON
COMPANY NAME: <u>ARTHUR BRAND DRAW</u>	NAME:
SURVEYOR NAME:	
ADDRESS:	MAILING ADDRESS:
PHONE:	PHONE:
FAX:	EMAIL:



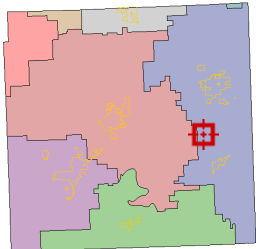
OWNER STATEMENT: I/We the (owner(s)/duly authorized agent), do hereby make application to divide the property described with this applicant.

Owner's Signature (all owners must sign): [Signature] Date: 6-28-23
 Owner's Signature Jaclyn R. Lloyd Date: 6-28-23








OFFICE USE ONLY	
Application #: _____	<input type="checkbox"/> Survey Full Copy <input type="checkbox"/> Survey Reduced Copy <input type="checkbox"/> Copy of Recording Fees/Receipt <input type="checkbox"/>
Application Fee: \$ _____	
PC Hearing Date: _____	
Receipt #: _____	
S _____ T _____ R _____	
Twp: _____	



Overview



Legend

-  City Limits
-  Centerlines
-  Parcels
-  Lakes
- Flood Zones**
-  0.2 PCT ANNUAL CHANCE FLOOD HAZARD
-  A
-  AE

Date created: 6/29/2023
 Last Data Uploaded: 6/29/2023 12:23:44 PM