

SITE PLAN REVIEW APPLICATION
City of Tonganoxie, Kansas

Please complete all of the following information (type or print):

Project Name: _____

Project Address/Location: _____

Description: ____ New Construction ____ Addition ____ Exterior Remodel ____ Tenant Finish

Other: _____

Send Review Comments To:

Contact Person: _____

Company Name: _____

Address: _____

City, State Zip: _____

Phone Number: _____ Fax Number: _____

Owner/Developer (If different from above):

Contact Person: _____

Company: _____

Address: _____

City, State Zip: _____

Phone Number: _____ Fax Number: _____

- ☐ Site Plan--buildings, walls, fences, exterior equipment, refuse disposal
- ☐ Landscape plan w/schedule
- ☐ Drainage calculations for City Engineer
- ☐ Elevations showing materials, colors, textures, etc.

Date Submitted: _____ Fee Paid: _____ Received by _____

***It is the responsibility of the Applicant to read and comply with all of the regulations contained in the Site Review Ordinance. Applicant should anticipate a minimum 2 week review period by City staff. Any revisions required will require additional review time.**