LAND USE VERIFICATION FORM JOHNSON COUNTY DEPARTMENT OF PLANNING AND ZONING

Applicant Information:			
Name:			
Address:			
City, State Zip Code:			
Phone:			
Please fill out as completely a	s possible:		
Property Owner:			
Address:			
Subdivision:			Lot #
Parcel/Tax ID Number:			
	tial Structure 🔲	Subdivision Remodel/Additio Commercial Struc	Accessory Structure n Variance/Special Exception cture
I understand that approval of t constitute nor guarantee the understand that further subdiv	approval of a build	ling permit for th	e property specified above. I
Signature of Applicant			Date
Departmental Use Only: Do N	ot Write Below Th	nis Line:	
Property Owner on Dec 31, 200	07:		
Zoning:Acreage:	TW:	Tax ID:	
Section:Township:	Range:		
Parcel is located in Minor Subdivision:		Note	es:
☐Parcel is a properly split Exe	mpt Subdivision		
☐Parcel is an original lot of re	cord		
Parcel is buildable due to other reasons			
Parcel has been created in	iproperly, and <u>CA</u>	<u>NNOT</u> be issued	l a permit.
Signature of Planning Official		Title	

Date