



**CITY OF PRAIRIE VILLAGE**

*The Star of Kansas*

**Planning Commission Application**

For Office Use Only
Case No.:
Filing Fee:
Deposit:
Date Advertised:
Date Notices Sent:
Public Hearing Date:

Please complete this form and return with Information requested to:

Assistant City Administrator  
City of Prairie Village  
7700 Mission Rd.  
Prairie Village, KS 66208

Applicant: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ E-Mail \_\_\_\_\_

Owner: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Location of Property: \_\_\_\_\_

Legal Description: \_\_\_\_\_

Applicant requests consideration of the following: (Describe proposal/request in detail) \_\_\_\_\_

\_\_\_\_\_

**AGREEMENT TO PAY EXPENSES**

APPLICANT intends to file an application with the PRAIRIE VILLAGE PLANNING COMMISSION or the PRAIRIE VILLAGE BOARD OF ZONING APPEALS of the CITY OF PRAIRIE VILLAGE, KANSAS (City) for \_\_\_\_\_.

As a result of the filing of said application, CITY may incur certain expenses, such as publication costs, consulting fees, attorney fees and court reporter fees.

**APPLICANT hereby agrees to be responsible for and to CITY for all cost incurred by CITY as a result of said application. Said costs shall be paid within ten (10) days of receipt of any bill submitted by CITY to APPLICANT. It is understood that no requests granted by CITY or any of its commissions will be effective until all costs have been paid. Costs will be owing whether or not APPLICANT obtains the relief requested in the application.**

\_\_\_\_\_  
Applicant's Signature/Date

\_\_\_\_\_  
Owner's Signature/Date