

**KANSAS DEPARTMENT OF TRANSPORTATION**  
**Application for Salvage and Storage Certificate of Compliance**  
**(Application)**

Annual Fee is \$50.00 (after July 1<sup>st</sup> \$25.00)

**Business Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

<b>Owner Name (s)</b>	<b>Residence Address/City/State/Zip</b>	<b>Phone No.</b>
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\_\_\_\_\_  
\_\_\_\_\_

**Location of Salvage Storage Site (If address is different than Business location listed above)**

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **County:** \_\_\_\_\_

**Nearest City or Town:** \_\_\_\_\_

**Is your site located within the city limits? Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Name of nearest highway to this location of salvage storage:** \_\_\_\_\_

**Approximate distance (feet or miles) from highway to this location:** \_\_\_\_\_

**Has this salvage site ever been certified? Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Is salvage at this location screened? Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Name of Landowner of Salvage Storage Site:** \_\_\_\_\_

**Landowner's Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

**I certify that as proprietor, partner, or corporate officer of the firm named in this application, I have the authority to sign and submit this *original application* and the information contained herein is true and correct.**

\_\_\_\_\_  
**Signature of Owner/Operator**

\_\_\_\_\_  
**Date**

Failure to complete this Application or giving false and/or misleading information will disqualify this application. If you need further assistance please call Toll Free 1 (877) 461-6817, Hearing Impaired 711, or email us at signs@ksdot.org. Fax: (785) 296-0009

- Return:** a) Application  
b) Copy of the Land Deed on file with County  
c) Annual Fee \$50.00 (after July 1<sup>st</sup>, \$25.00)  
d) Zoning Attachment

**Mailing Address:**  
**Kansas Department of Transportation,**  
**Bureau of Right of Way, Salvage Section**  
**700 SW Harrison Street**  
**Topeka, Kansas 66603-3745**

**KANSAS DEPARTMENT OF TRANSPORTATION**  
Zoning Information for Salvage Storage Site Application

**ZONED COUNTIES OR CITIES** – This section is to be completed by either the COUNTY or CITY zoning office, whichever has control over the zoning of the location listed on the Application.

Is this site under local zoning ordinance or resolution? Yes \_\_\_ No \_\_\_ (If no, see UNZONED below)

What is the zoning at this site? Agricultural \_\_\_ Commercial \_\_\_ Industrial \_\_\_  
Residential \_\_\_ Other \_\_\_\_\_

Are there outstanding legal actions by your city/county/state government against this site at this time?  
Yes \_\_\_ No \_\_\_ If yes, please explain: \_\_\_\_\_

Was this site in existence *before* local zoning ordinance or resolution? Yes \_\_\_ No \_\_\_

Is this site required by local zoning ordinance or resolution to have some type of screening?  
Yes \_\_\_ No \_\_\_

**Does this location meet local approval? Yes \_\_\_ No \_\_\_**

I certify I have answered the questions and to my knowledge the answers are true and correct.

\_\_\_\_\_  
Signature of Official Title Date

Name of Zoning Official (Please Print): \_\_\_\_\_

Address of Zoning Office: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**UNZONED COUNTIES OR CITIES** -This section is to be filled out by a local Official.

Is this site under a local ordinance or resolution disallowing the use of this site as a salvage and storage location? Yes\_\_\_ No\_\_\_ (If yes, then the site cannot be certified.)

Are there outstanding legal actions by your city/county/state government against this site at this time?  
Yes \_\_\_ No \_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
Signature of Official Title Date

Name of Official (Please Print): \_\_\_\_\_

Address of Official Office: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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