

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

Annual Fee is \$50.00 (after July 1st \$25.00)

Business Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone Number: _____ **Email:** _____

Owner Name (s)	Residence Address/City/State/Zip	Phone No.
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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 KDOT#ROW.Signs@ks.gov Fax: (785) 296-0009

- Return:** a) Application
b) Copy of the Land Deed on file with County
c) Annual Fee \$50.00 (after July 1st, \$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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