

FILED
November 26, 2007
Data Center
Missouri Public
Service Commission

Tiffany Center, 10150 N. Ambassador Drive, Suite 100, Kansas City, MO 64153 • Voice 816-891-6300 Fax 816-891-7474

November 21, 2007

Missouri Public Service Commission Governors Office Building 200 Madison Jefferson City, MO 65102

Re: Heritage Farm, Inc., EE-2008-0151

Dear Sir or Madam:

Enclosed please find Heritage Farm, Inc.'s Application for Waiver for the above file. Additionally, there are 8 copies for the Commission and 1 copy to be file stamped and returned to me in the enclosed self addressed stamped envelope. Furthermore, a copy is being sent to counsel for Kansas City Power and Light.

Sincerely,

Neal F. Reynolds

Encls.

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## BEFORE THE PUBLIC SERVICE COMMISSION OF THE STATE OF MISSOURI

| Application of               | ) |                      |
|------------------------------|---|----------------------|
|                              | ) |                      |
| Heritage Farm, Inc.,         | ) |                      |
| a Missouri Corporation for   | ) | Case No.EE-2008-0151 |
| a wavier of 4 CSR 240-13.035 | ) |                      |

# APPLICATION OF HERITAGE FARM, INC. FOR A WAIVER OF THE REQUIREMENTS OF KANSAS CITY POWER AND LIGHT TO INSTALL ELECTRICAL SERVICE

Applicant, Heritage Farm, Inc. for its Applications states the following:

- 1. Heritage Farm, Inc. is a Missouri Corporation in good standing. Its principal place of business and mailing address is: Mr. Lowell Fox, 402 Tanglewood, St. Joseph, Missouri 64506. A copy of the Certificate of Good Standing issued by the Secretary of State is attached hereto as Exhibit A.
- 2. Brief statement of the character of the business performed by Applicant: Heritage Farm, Inc. is the owner and operator of farm land in Missouri. Applicant performs all necessary duties to bring a crop to market.
- 3. Kansas City Power & Light Company is a corporation duly organized and existing under and by virtue of the laws of the State of Missouri with its principal office and place of business locate at 1201 Walnut, Kansas City, Missouri. The Company is engaged in providing electric utility services in portions of Missouri as a public utility under the jurisdiction of the Missouri Public Service Commission ("Commission").
  - 4. Applicant's Reason for Waiver Request:
    - (A) Applicant is the owner of real property located in Platte County Missouri which, but for an access road, completely surrounds and encapsulates real property located at 8360 NW Fox Road ("Subject Property").

- (B) The Subject Property and the house located on it were recently purchased by a third party.
- (C) The Subject Property is not in compliance with several city codes aside from those codes relating to electrical service.
- (D) The third party purchaser does not currently live in the subject property and has no intention of living there.
- (E) The purchaser of the Subject Property was well aware of the code violations and lack of utilities when he purchased the property.
- (F) The Subject Property is twenty years old and is not a new residence.
- (G) Third party has requested that Kansas City Power and Light provide electrical service to the Subject Property.
- (H) Pursuant to said request, Kansas City Power and Light filed on July 20, 2007 a Verified Petition of Condemnation seeking to condemn a large track of Applicant's land as an easement for the requested electrical service.
- (I) Applicant's land and business will be severely impacted by the loss of land requested in Kansas City Power and Light's Petition.
- 5. Specific Rules from which the Applicant seeks relief in the form of a waiver:
  - (A) The Applicant seeks a finding by the Commission waiving the requirement that Kansas City Power and Light Company provide electrical service to the Subject Property as dictated by 4 CRS 240-13.035(3) because the property does not meet city codes (other then those applicable

to electrical service) and that the Subject Property is not a "new residential location".

Respectfully Submitted,

Neal F. Reynolds, #51130

10150 N. Ambassador Dr., Ste. 100

Kansas City, MO 64153

816-891-6300 / Fax: 816-891-7474

and,

William M. Quitmeier, #26832

10150 N. Ambassador Dr., Ste. 100

Kansas City, MO 64153

816-891-6300 / Fax: 816-891-7474

ATTORNEYS FOR APPLICANT

#### **CERTIFICATE OF SERVICE**

I hereby certify that a copy of the foregoing Motion was mailed on this the 21<sup>st</sup> day of November, 2007 to the Office of Public Counsel at 200 Madison, Governor's Office Building, Jefferson City, Missouri 65102 and upon Kansas City Power and Light Company through their attorney, Daniel R. Zmijewski, 700 West 47<sup>th</sup> St., Ste. 1000, Kansas City, MO 64112,

Veal F. Reynolds

#### **VERIFICATION**

| STATE OF MISSSOURI )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |
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| COUNTY OF PLATTE )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |
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| I, Neal F. Reynolds, an attorney for Heritage Farm, Inc. do hereby certify that I have read                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |
| the foregoing document and that the facts stated therein are true and correct to the best of my                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |
| knowledge, information and belief, and that I am authorized to file such document on behalf of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| the Applicant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| the Applicant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
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| The type of the second |  |  |
| Neal F. Reynolds                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |
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| Subscribed and sworn to before me this day of November, 2007.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
| (f)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |
| 9/100/2016                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |
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| Notary Publications                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |
| THOM LEWINE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |
| My Commission expires: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |
| My Commission expires: \2 -\0 -\0 SEAL SEAL SCOUNTY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |
| Commission #08392244                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |



#### Robin Carnahan Secretary of State

## CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

ROBIN CARNAHAN, Secretary of the State of Missouri, do hereby certify that the record my office and in my care and custody reveal that

### HERITAGE FARM INC 00807496

is created under the laws of this State on the 6th day of April, 2007, and is in good standing ving fully complied with all requirements of this office.

TESTIMONY WHEREOF, I have set my nd and imprinted the GREAT SEAL of the ate of Missouri, on this, the 20th day of ovember, 2007

Secretary of State

