



PLANNING AND ZONING DEPARTMENT
 522 Mechanic Street
 Emporia, KS 66801
 Phone: 620-343-4268
 Fax: 620-343-4262

Appeal of Zoning Administrator Application

Date Submitted _____

***Attach a site plan map (2), drawn to scale, showing property lines, roads, driveways, existing and proposed structures, parking stalls, landscaping, fences, and other topographical features.**

*** Must be filed 60 days after the decision has been made by the Zoning Administrator.**

***Attach a copy of the order, requirement, decision or determination which applicant believes to be in error.**

(NOTE) AN INCOMPLETE APPLICATION CANNOT BE PROCESSED

| |
|---------------------------|
| Name of Applicant |
| Address of Applicant |
| Phone Number of applicant |

Other Owners and Officers (corporate applications only) _____

Address of the property: _____

Is the property within the City limits? Yes____ No____

What was the decision made by the Zoning Administrator? _____

List all of your reasons for believing the Zoning Administrator's decision was in error: _____

The Following non-conformities exist on this property: _____

By signing this application, I certify that all of the information I have provided is true and correct. I understand that additional information may be needed, or additional fees may be incurred during the rezoning application process. I understand and agree that it will be my responsibility to provide any additional information requested and to pay any additional fees incurred.

| | |
|----------------------|------|
| Applicants Signature | Date |
|----------------------|------|

| | |
|------------------|------|
| Owners Signature | Date |
|------------------|------|

| FOR OFFICE USE ONLY | | |
|---------------------|-----------|-------------|
| Fee | Date Paid | Receipt no. |
| \$150 | | |

Application No: _____ Hearing Date: _____