



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

Rezoning Application

Date Submitted _____

* Attach an ownership list, certified by a registered abstractor, listing the legal description, name, and mailing addresses of the owners of all property located within 200 feet of the boundaries of the property for which the rezoning is requested (1000 feet for county applications)

*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.

(NOTE) AN INCOMPLETE APPLICATION CANNOT BE PROCESSED

Table with 4 columns: Name, Address, Phone, and a blank header. Rows for Applicant and Owner.

Other Owners and Officers (corporate applications only)

Are there any covenants of record which prohibit the proposed development? Yes: ___ No: ___

Address of the property to be rezoned:

Describe the Location:

Is the property within the City limits? Yes ___ No ___

Current Zoning District:

Proposed Zoning District:

Describe the Physical Characteristics of the property:

Attach or provide legal description of the property:

List the size of the property (in square feet or acres):

What is the current use of the property?

What is the proposed use of the property?

List all existing structures and their uses below

List the zoning of the adjacent properties: North: South: East: West:

Number of existing parking stalls: Number of proposed parking stalls:

Why should the planning commission approve this application?

Explain the nature of any neighborhood opposition to this request:

Please provide any other pertinent information such as proposed roads, number of living units, future, zoning requests, etc. which would be helpful in making a decision.

List any non-conformities which exist on the 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.
\$250		

Application No.

Hearing Date: