

EMPORIA-LYON COUNTY
METROPOLITAN AREA PLANNING COMMISSION

CIVIC BUILDING / EMPORIA, KANSAS 66801 / PHONE 620-343-4268

REZONING APPLICATION

APPLICANT
Address
Phone number
Interest in property

OWNER <i>(if not the applicant)</i>
Address
Phone number

Owners & Officers *(Corporate applications only)*

Address of property to be rezoned _____
Describe location (nearest streets, landmarks, etc.) _____

Is property within the City limits _____
Physical characteristics _____

Legal description of property _____

Size of property (area in square feet or acres) _____
Current Zoning District _____ Proposed Zoning District _____
Current Use of property _____
Proposed Use of property _____
List all existing structures and their present use _____

Zoning of adjacent properties: North _____ East _____ West _____ South _____

Number of existing marked parking stalls _____

Number of proposed parking stalls _____

Explain why the Planning Commission should approve this application

Explain the nature of any expected 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.

The following non-conformities exist on this property: _____

*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' of the boundaries of the property for which the variance is requested (1000' 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.

Applicant's signature

Date

Owner's signature

Date

FOR OFFICE USE ONLY		
Fee	Date Paid	Receipt No.
\$ 150.00		
Application No.		
Hearing Date		