

CITY OF HOISINGTON
P.O. BOX 418
109 E. FIRST ST.
HOISINGTON, KS 67544
(620)653-4125
FAX: (620)653-2767

APPLICATION FOR CHANGE OF ZONING CLASSIFICATION

INSTRUCTIONS

1. All applicants for a change in zoning classification should consult the city clerk and/or zoning officer prior to submitting a formal application. The purpose of the consultation is to advise the applicant of his or her rights and responsibilities in the filing of a zoning change application.
2. The application form shall be completely filled in with the information requested or the notation N/A (Not Applicable).
3. A site plan drawn to scale showing dimensions of the property, the existing streets and utilities serving the area, and new proposed streets and utilities (if any) and any improvements proposed.
4. The applicant must submit a list of names and mailing addresses of owners of all property within a distance of two hundred (200) feet of the boundaries of the property included in the application(1,000 feet if near the outskirts of city limits).
5. The application shall be signed by the property owner or his or her duly authorized agent.
6. A fee of \$200.00 as established by the city zoning ordinance shall be paid at the time of filing an application.
7. Applications along with the required ownership list and fee shall be filed in the office of the city clerk.

CITY OF HOISINGTON
APPLICATION FOR REZONING

This is an application for change of the zoning map. The form must be completed and filed at the office of the City Clerk. *Note: An incomplete application cannot be accepted.*

I. Name of applicant or applicants (owner[s] and/or their agent or agents). All owners of all property requested to be rezoned must be listed in this form.

A. Applicant/Owner _____

Address _____ Phone _____

Agent (if any) _____

Address _____ Phone _____

(Use separate sheet if necessary for additional owners/applicants.)

II. The applicant hereby requests a change of zone from _____ zoning district to _____ zoning district for property legally described as (use either metes and bounds or subdivision/block/lot description):

III. This property is located in: Section _____ Township _____ Range _____.
The general location is (use appropriate section):

A. Street Address: _____

B. At the _____ (NW, NE, SW, SE) corner of _____
(street) and _____ (street) or

C. On the _____ (N, S, E, W) side of _____
(Avenue) (Street) between _____ (Avenue)
(Street) and _____ (Avenue) (Street).

IV. I request this change in zoning for the following reasons: (Do not include reference to proposed uses.)

V. Findings of Fact. In order to recommend, approve or disapprove a proposed zoning district amendment, the Planning Commission shall make findings of fact to determine whether the application is found to be compatible with the following items. Please note each item below in relationship of your situation, and briefly summarize your justification for the zoning change.

A. Character of the neighborhood: _____

B. Adequacy of public utilities and other needed public services: _____

C. Suitability of the uses to which the property has been restricted under its existing zoning: _____

D. Length of time property has remained vacant as zoned: _____

E. Compatibility of the proposed district classification with nearby properties:

F. The extent to which the zoning amendment may detrimentally affect nearby property.

G. Whether the proposed amendment provides a disproportionately great loss to the individual land owners nearby relative to the public gain: _____

V. I (We), the applicant(s), acknowledge receipt of the instruction sheet explaining the method of submitting this application. I (We) realize that this application cannot be processed unless it is completely filled in; is accompanied by an ownership list as required in the instruction sheet; and is accompanied by the appropriate fee.

Owner _____ Owner _____
By _____ By _____
Authorized Agent (if any) Authorized Agent (if any)

OFFICE USE ONLY:

VI. Application Received On: _____ (day, month, year)
Application Received By: _____
Amount of Fee Paid: \$ _____

VIII. Planning Commission Recommendation: _____
Date: _____

Reasons for Recommendation: _____

IX. Protest Petition Filed? _____ Percent of Land: _____%

X. City Council Action: _____
Date: _____ Vote: _____

If approved, Ordinance No.: _____ Date of Final Reading _____

