

Application For Change Of Zoning District Classification

This form must be completed in accordance with directions on the accompanying instructions and filed with the Zoning Enforcement Officer at 114 W. First St., Medicine Lodge KS 67104. Please note, **an incomplete application cannot be accepted.**

1. Name of applicant(s) and/or his/her agent(s). The owners of all property requesting to be rezoned must be listed (use a separate sheet if necessary for additional applicants):

a. Applicant _____
 Address _____
 City State ZIP _____
 Phone _____ Cell _____
 Agent, if applicable _____
 Address _____

b. Applicant _____
 Address _____
 City State ZIP _____
 Phone _____ Cell _____
 Agent, if applicable _____
 Address _____

2. The applicant(s) hereby request a change of zoning from the _____
 District to the _____ District for property legally described as
 Lot(s) _____ of Block _____ in the
 _____ subdivision. (If appropriate, metes and
 bounds description may be provided in the space below or on and attached page).

3. Dimensions of the property are _____ feet in depth by _____ feet in width and _____
 acres (round to the nearest tenth (1/10th) or _____ square feet in area.

4. The general location of the property is (use appropriate section):

- a) Address: _____
- b) At the _____ corner of _____ Street and _____ Street.
- c) On the _____ side of _____ Street between _____ Street and _____ Street.

5. Is the property part of a recorded plat? Yes _____ No _____

6. The property is presently used for _____
and this change of zoning is requested for the following reason(s):

I/we, the applicant(s), acknowledge receipt of the instructions and further state that I/we have read the material. If an agent, I further state that I have, or will, provide the owner(s) of the property for which the change of zoning is requested an explanation of, or copy of, this material. I/we realize that this application cannot be processed unless it is complete and is accompanied by a current real property ownership list for the notification area and the appropriate fee. In addition, at the time of filing said application with the City Clerk, I/we shall provide the City Clerk with the names and addresses of all owners of any land within the City's boundary located within two hundred (200) feet of the outer limits of said area to which the applicant desires change of zoning. Where the proposed zoning amendment will include property located adjacent to or outside the City's limits, I/we shall provide the City Clerk with the names and addresses of all owners of any land located within one thousand (1,000) feet in the unincorporated area.

Applicant Date

Applicant Dat

Agent (if applicable) Date

----- OFFICE USE ONLY -----

Application received at _____ M., on _____, 20___. It was checked and found to be:

_____ complete and accompanied by the required real property ownership list, development plan for certain districts and the appropriate fee of \$ _____,
_____ incomplete, lacking _____

Zoning Enforcement Officer