

# HAYS AREA PLANNING COMMISSION

## APPLICATION FOR CHANGE OF ZONING CLASSIFICATION

### INSTRUCTIONS TO APPLICANT

1. All Applicants for a change in zoning classification should consult the Zoning Administrator prior to submitting a formal application. The purpose of the consultation is to advise the applicant of his rights and responsibilities in the filing of a zoning change application.
2. The applicant must complete the attached application form. All blanks should be filled in and any not applicable should be completed with N/A. All applications must be signed by the owner or his duly authorized agent.
3. A fee as established by the city zoning ordinance shall be paid at the time of filing an application.
4. Applications and fees shall be filed at the Planning, Inspection, Enforcement Division, 1002 Vine St., Hays, KS.
5. Requests for a change in zoning district classification, except for planned unit developments, shall not include reference to proposed uses. Similarly, presentations before the Planning Commission and Governing Body should not be predicated upon any specific use, but on the zoning district requested.
6. FEES: For the purpose of wholly or partially defraying the costs of the amendments proceedings, fees shall be paid upon the filing of each application for a change of district boundaries or classification, as follows:

City Zoning Application.....	\$140.00
County Zoning Application.....	\$170.00
City PUD Application .....	\$160.00
County PUD Application .....	\$190.00

7. If this form is obtained online, please contact the Planning, Inspection, Enforcement Division, at 785-628-7310.

Approved/Denied by Planning Commission\_\_\_\_\_

Case No.\_\_\_\_\_

Approved/Denied by City/County Commission\_\_\_\_\_

Date Filed\_\_\_\_\_

## APPLICATION FOR CHANGE OF ZONING CLASSIFICATION

This is an application for change of zoning classification. The form must be completed and filed at the Planning, Inspection, Enforcement Division, in accordance with directions on the accompanying instruction sheet.

### 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\_\_\_\_\_

Address\_\_\_\_\_ Phone\_\_\_\_\_

B. Applicant/Owner\_\_\_\_\_

Address\_\_\_\_\_ Phone\_\_\_\_\_

Agent\_\_\_\_\_

Address\_\_\_\_\_ Phone\_\_\_\_\_

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

II. The applicant hereby requests a change of zoning from\_\_\_\_\_ zoning district to\_\_\_\_\_ zoning district for property legally described as Lot(s)\_\_\_\_\_ Block(s)\_\_\_\_\_ of the\_\_\_\_\_ Addition.

(Metes and bounds descriptions shall be provided in the space below or on an attached sheet.)

III. This property is located at (address)\_\_\_\_\_.

The general location is (use appropriate section):

A. At the\_\_\_\_\_ (NW, NE, SW or SE) corner of \_\_\_\_\_

(Street) and \_\_\_\_\_ (Street) or,

B. On the \_\_\_\_\_ (N, S, E, or W) side of \_\_\_\_\_ (Ave. or Street) between \_\_\_\_\_ (Ave. or Street).

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

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 and is accompanied by the appropriate fee.

\_\_\_\_\_  
APPLICANT

\_\_\_\_\_  
AUTHORIZED AGENT (IF ANY)

\_\_\_\_\_  
APPLICANT

\_\_\_\_\_  
AUTHORIZED AGENT (IF ANY)

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**OFFICE USE ONLY:**

RECEIVED IN THE PLANNING, INSPECTION, ENFORCEMENT DIVISION,  
\_\_\_\_\_, 20\_\_\_\_, TOGETHER WITH THE APPROPRIATE FEE OF  
\$\_\_\_\_\_.

\_\_\_\_\_  
NAME AND TITLE