

APPLICATION FOR CHANGE OF ZONING CLASSIFICATION (REZONING)

This is an application for change of zoning classification (rezoning). The form must be completed and filed at the office of the Zoning Administrator 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(s)). All owners of all property requested to be rezoned must be listed in this form.

A. Applicant/Owner Raymond Brandt & Grace Brandt
Address 2463 Kanza, Hillsboro Phone 620-947-3438
Agent Lyle Leppke
Address 501 S. Main Hillsboro, KS Phone 620-947-3995

B. Applicant/Owner _____
Address _____ Phone _____
Agent _____
Address _____ Phone _____

C. Applicant/Owner _____
Address _____ Phone _____
Agent _____
Address _____ Phone _____

Signature of Record Land Owner: [Signature] Agent for Self
(Use separate sheet if necessary for names of additional owners/applicants.)

II. The applicant hereby ^{request} requests a change of zone from "A" Agriculture zoning district to RR zoning district for property legally described as Lot(s) Part SE 1/4 4-19-2 Block(s) _____ of the _____ Addition.

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

Survey to be provided

III. The dimensions of the property are See Survey feet by _____ feet and _____ acres or _____ square feet in area.

IV. The general location may be described as: 966 240th, Hillsboro

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

For the purpose of selling the
home site & bldgs.

VI. 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 [Signature]
Authorized Agent (if any)

By _____
Authorized Agent (if any)

VII. OFFICE USE ONLY:

This application was received at the office of the Zoning Administrator at _____ (A.M.) (P.M.) on _____ (day, month, year). It has been checked and found to be complete and accompanied by required documents and the appropriate fee of \$_____.

CITY NOTIFIED:

Name

Title

City _____
Date