



Date Filed _____

Application for Zoning Change or Amendment

This form must be completed and filed at the Wabaunsee County Planning and Zoning office and accompanied by the appropriate fee. **Incomplete applications will not be accepted or processed.**

Name of applicant(s), owner and/or their agent(s). All owners of the property represented by this application must be listed.

Applicant/Owner _____

Address _____ Phone _____

Agent _____

Address _____ Phone _____

(Use a separate sheet if necessary, for additional owner/applicant information)

Application is for:

___ Zoning Map Amendment

General description of boundaries or area for which the zone change is requested. _____

Attach a map showing area for which the zone change is requested.

Total square feet or acres _____

Present zoning classification _____



Present Use _____

Adjacent zoning classification _____

Adjacent Use _____

Proposed zoning classification _____

Proposed use _____

Reasons for the requested change _____

_____ Zoning Regulation Amendment

Section(s) referenced _____

Existing section is not adequate because _____

Proposed change _____

The proposed change will clarify or improve the regulation because;

Note: Once the completed application is received in the Zoning office, the following will happen:

Notice is sent to all adjacent landowners within 1000 ft of the proposed site, so they are aware of the proposed zoning amendment.

The application is assigned to the Agenda of an upcoming Planning Commission Meeting and legal notice is published in the Wabaunsee County Signal Enterprise allowing the opportunity for public comment.



The proposed amendment can be approved, denied or tabled for future consideration by the Planning Commission. After a two-week public comment period, the zoning amendment application is presented to the County Commissioners for approval or denial.

If approved by the Commissioners, the amendment takes effect immediately. A denied application may not be reapplied for a period as specified in the Zoning Regulations of Wabaunsee County, Ks.

I/We, the applicant(s) acknowledge that this application will not be processed until it and any applicable documents are received and complete and accompanied by the required fee.

Name _____ Date _____

Office Use only:

Application received (Date and Time) _____

Fee: \$ _____ **Received (Date)** _____

Name: _____ **Title** _____
