



Anderson County Planning Office
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**APPLICATION FOR ZONE CHANGE
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 Director in accordance with the attached instructions.

AN INCOMPLETE APPLICATION CANNOT BE ACCEPTED.

1. Name of applicant or applicants, including owner(s) and/or their agent(s). All owners of property subject to rezoning must be listed.

Applicant/Agent:

Name _____ Phone No. _____
Address _____
City _____ State _____ Zip _____

Owner:

Name _____ Phone No. _____
Address _____
City _____ State _____ Zip _____

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

2. The applicant hereby requests a zone change from _____ to _____.

3. The property is legally described as follows:

4. The property address is:

5. I request this change in zoning for the following reasons: _____

6. I understand the application cannot be processed unless all required information is provided and all fees are paid.

(Owner)

(Owner)

By: _____
Authorized Agent (if any)

By: _____
Authorized Agent (if any)

OFFICE USE ONLY

Completed application filed _____
Public notice date _____
Planning board agenda date _____
_____ Fees: Amount \$ _____
Receipt No. _____