



Anderson County Planning & Zoning

Thomas R. Young, Director

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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 zone change for the following reasons: _____

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

Owner's Signature

Owner's Signature

Authorized Agent (if any)

Authorized Agent (if any)

OFFICE USE ONLY

Completed application filed: _____

Public Notice of Hearing date: _____

Planning Board Agenda date: _____

_____ Fee: Amount \$ _____