



GENERAL ZONING APPLICATION

This application is required for all requests and approvals governed by the City of Kechi Zoning Regulations. The form and instructions are available at Kechi City Hall or on the City's website at www.kechiks.com. The online version is a fillable form, which may be completed on any computer with Adobe Reader installed. Simply enter the information, save the file, print and sign the form. Submit application and filing fee in person to the Zoning Administrator at: **Kechi City Hall, 220 West Kechi Rd.**

Incomplete applications WILL NOT be accepted. To be deemed complete, an application MUST INCLUDE all required signatures, all necessary information and the filing fee paid in full. Signatures and handwritten applications MUST BE written in ink. Separate application forms and filing fees are required for each request. Applications received after a filing deadline will be accepted for the following application period.

SECTION 1 - TYPE OF APPLICATION

Planning Commission Case to be heard at the PC meeting scheduled for _____

- Change in Zoning District: Current zoning _____ Requested zoning _____
- Conditional Use: To allow _____ in the _____ zoning district
- Planned Development Overlay (PDO): Current zoning _____
 Will the current zoning be the base zoning district? Yes No
 If no, what base zoning district is being requested by separate application? _____
- Temporary Use: To allow _____ in the _____ zoning district
 Duration: _____ days. Expedited review of emergency request? Yes No
 If emergency request, describe the nature of the emergency in Section 3.
- Development Site Plan Approval: Current zoning _____
- Text Amendment to (**FOR CITY USE ONLY**): Zoning Regulations Comprehensive Plan
 Article or chapter and section: Article/Chapter _____ Section _____
 Attach a marked up version of the original language to be amended **AND** a clean copy of the exact requested language, word for word.

Board of Zoning Appeals Case to be heard at the BZA meeting scheduled for _____

- Variance: To allow _____ in the _____ zoning district
- Appeal of Zoning Administrator Interpretation or Determination: Please describe in Section 3

Zoning Administrator Target date of completed request _____

- Interpretation of Zoning Regulation: Article and section: Article _____ Section _____
- Land Use Determination: Please describe in Section 3
- Zoning Compliance Certificate: Current zoning _____ Land use _____
 Is approval of a secondary/accessory use being requested? Yes No
- Legal Nonconforming Use Certificate: Current zoning _____ Land use _____

SECTION 2 - PROPERTY INFORMATION

This section is not required for text amendments to the Zoning Regulations or Comprehensive Plan and Zoning Administrator interpretations of regulations that are not applicable to a specific property or appeals of such interpretations.

- 1. Street address of application area:
2. The application area is generally located (N, S, E, W) of the intersection of the following streets:
3. The application area contains acres. (round to the nearest hundredth of an acre)
4. Is the application area subdivided (platted)? Yes No
Legal description of subdivided application area: Lot(s); Block(s) of Addition, Sedgwick County, Kansas.
5. Sedgwick County Parcel ID Number(s) of lot(s) in the application area:

Property #1 PIN Property #5 PIN
Property #2 PIN Property #6 PIN
Property #3 PIN Property #7 PIN
Property #4 PIN Property #8 PIN

SECTION 3 - REQUEST INFORMATION

- 1. Application area land use: Enter land use by the name as defined in Article 5 of the Zoning Regulations
Existing land use
Proposed land use(s) (if applicable)
2. Are any Specific Use Standards required for the proposed use(s)? Yes No
If so, which Specific Use Standards apply, per Article 10?
3. In the space below, please describe the nature of the request and reasons for filing:

Multiple horizontal lines for describing the request and reasons for filing.

SECTION 4 - APPLICANT CONTACT INFORMATION

Contact information must be provided for applicants representing ALL property parcels in the application area, including authorized agents and other parties who wish to be notified of the proceedings, such as contract purchasers or lessees. Please attach additional copies of this sheet as necessary.

1. Name: _____
Address: _____
City: _____ State: ___ Zip Code: _____ Phone: _____
_____ Email: _____ Role:
 Owner Agent Other of Property # _____ as listed in Section 2, Item 5

2. Name: _____
Address: _____
City: _____ State: ___ Zip Code: _____ Phone: _____
_____ Email: _____ Role:
 Owner Agent Other of Property # _____ as listed in Section 2, Item 5

3. Name: _____
Address: _____
City: _____ State: ___ Zip Code: _____ Phone: _____
_____ Email: _____ Role:
 Owner Agent Other of Property # _____ as listed in Section 2, Item 5

4. Name: _____
Address: _____
City: _____ State: ___ Zip Code: _____ Phone: _____
_____ Email: _____ Role:
 Owner Agent Other of Property # _____ as listed in Section 2, Item 5

5. Name: _____
Address: _____
City: _____ State: ___ Zip Code: _____ Phone: _____
_____ Email: _____ Role:
 Owner Agent Other of Property # _____ as listed in Section 2, Item 5

SECTION 5 - ATTACHMENT CHECKLIST

The following items are attached to this application:

- No Attachments
- Certified Property Ownership List *(all property owners of record within the official notification area)*
- Metes and Bounds Legal Description *(if required, but not entered in Section 2)*
- Zoning Site Plan *(for rezoning, PDO, conditional/temporary/secondary/accessory use, variance)*
- Development Site Plan *(required only for Development Site Plan applications)*
- Proposed Text Amendments *(marked up original language and exact proposed language)*
- Additional Property Owner Information & Signature Sheets *(if provided space is insufficient)*
- Supplemental Information *(optional drawings or documents attached to support the application)*

SECTION 6 - SIGNATURES & ACKNOWLEDGEMENTS

By signature below: I (we) acknowledge that I (we) understand that the application will not be processed until it is completed in full, all required information is provided and the filing fee is paid. I (we) certify that the information provided herein and attached hereto is true and correct to the best of my (our) knowledge. I (we) acknowledge that the Planning Commission, Board of Zoning Appeals and Governing Body each has the authority to impose conditions on the approval of this application as deemed necessary to serve the public interest and community welfare. I (we) hereby authorize unannounced inspections of the subject property by City staff and/or its agents for the purpose of collecting information necessary to review and analyze this request.

1. Signature: _____ Date: _____

Owner Authorized Agent of Property # _____ as listed in Section 2, Item 5

2. Signature: _____ Date: _____

Owner Authorized Agent of Property # _____ as listed in Section 2, Item 5

3. Signature: _____ Date: _____

Owner Authorized Agent of Property # _____ as listed in Section 2, Item 5

4. Signature: _____ Date: _____

Owner Authorized Agent of Property # _____ as listed in Section 2, Item 5

5. Signature: _____ Date: _____

Owner Authorized Agent of Property # _____ as listed in Section 2, Item 5

FOR OFFICE USE ONLY Date Filed: _____ Filing Fee Paid: \$ _____ Received by: _____

Application is: complete incomplete Subject property is in _____ township

Name of homeowner/property owner association *(if applicable)* _____