

1 Riverfront Plaza STE 320 / P.O. Box 708 Lawrence, KS 66044 (785) 832-7700 Fax: (785) 832-3110 www.lawrenceks.org/pds planning@lawrenceks.org

## ZONING MAP AMENDMENT APPLICATION

Unincorporated Territory-Douglas County

Application materials must be submitted, in both print and electronic formats, to the Lawrence-Douglas County Planning Office, at the address noted in heading.

If you are unable to provide the materials in electronic format please contact the Planning Office at 785-832-7700

Date of Pre-application Meeting	:	Planner:				
PROPERTY INFORMATION	V					
Project name & description (if applicable):						
Total site acreage:	Present zoning: Proposed zoning:					
Present land use:						
Proposed land use:						
Number and description of exist structures and improvements:	ing					
Legal description						
(May be attached as separate si	heet):					
Project address/General location:						
PROPERTY OWNER INFO	RMATION					
Property owner's name:						
Property owner's email:		Phone No.:				
Property owner's address:			City:	State:		
APPLICANT'S INFORMATI	ION (if different f	rom owner's)				
Applicant's name						
Applicant's email:	licant's email: Phone No.:					
Applicant's address:			City:	State:		

Please indicate the reason for requesting rezoning. (Attach additional sheets if needed.)
REVIEW CRITERIA:  In reviewing and making decisions on proposed zoning map amendments, the Planning Commission and the Board of County Commissioners are required to consider the following criteria. The Zoning Regulations place the burden on the applicant to show that an application complies with such criteria. Please respond to the following criteria to the best of your
knowledge. (Attach additional sheets if needed.)  1. Describe the character of the area:
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2. Discuss the suitability of the property to the uses to which it is restricted under the current zoning:
How long has the property remained vacant as zoned?
4. To what extent will the removal of restrictions detrimentally affect nearby properties?
5. What gain would there be to the public health, safety, and welfare due to the denial of the application as compared to the hardship imposed upon the landowner due to the denial of the application?

6.	6. How does the rezoning request conform to the comprehensive plan?				
7.	How does the rezoning request comply with the adopted area or sector plans for the area?				
8.	8. (If rezoning from the AG-1 District) What is the suitability of the property for agricultural uses?				
9. What impact would the rezoning have on environmentally sensitive lands in the area?					
SIGNATURES  To be considered complete, the application must be signed by the owner of the property, or an owner authorization form must accompany the application.					
I/We, the undersigned am/are the <b>(owner(s)), (duly authorized agent),</b> (Circle One) of the aforementioned property. By execution of my/our signature, I/we do hereby officially apply for rezoning as indicated above.					
	Signature:	Date			
	Printed Name:				
	Signature:	Date			
	Printed Name:				

Note: If signing by agent submit Owner Authorization Form, pg 5

## **UTILITY COMPANIES AND OTHER REVIEW AGENCIES**

WATER:				
[]	City Water			
[]	Rural Water: RWD # No. of meters			
[]	Well Water			
WASTE MANAGEMEN	IT:			
[]	Septic System			
[]	Sanitary Sewer			
ELECTRIC:				
[]	KCP&L			
[]	Kaw Valley Electric			
[]	Westar			
[]	Other			
TELEPHONE:				
[]	AT&T/Southwestern Bell			
[ ]	Sprint/Embarq			
[ ]	Other			
,	OR GAS LINES CROSSING PROPERTY			
[ ]	Black Hills Energy/Aquila			
	Atmos Energey (aka: Greeley Gas, United Cities Gas Co.)			
[]	Kansas Gas Service			
I I	Magellan Midstream Partners Southern Star Central Gas			
	Williams Pipeline Co.			
[]	Other			
List township the pro				
List fire district the p				
·	to State or Federal Highway? [ ] yes			
	vithin a drainage district? [ ] yes [ ] no			
If yes, which drainag				
	Douglas County - Kaw			
	Wakarusa - Kaw			
ĺĺ	Wakarusa – Haskell - Eudora			
Is property located within the floodplain? [ ] yes [ ] no				
Is property located within 3 miles of one of the following cities?				
[]	Baldwin City			
[ ]	Eudora			
[ ]	Lecompton			
(PLEASE ATTACH C	OPY OF SURVEY IF AVAILABLE.)			



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## **OWNER AUTHORIZATION**

I/WE			_, hereby referred to as
the "Undersigned", being of lawf following statements to wit:	ul age, do hereby on this	day of	, 20, make the
I/We the Undersigned, on tabsolute of the following describe			
2. I/We the undersigned, have	previously authorized and here	by authorize	
my/our behalf for the purpose County, Kansas, regarding the su	of making application with t	the Planning Office	s "Applicant"), to act or e of Lawrence/Douglas
limited to, all acts or things what	 soever necessarily required of a	Such authorization	on includes, but is not
authority to so bind the corpora instrument.  IN WITNESS THEREOF, I, the	ation or partnership to the ter Undersigned, have set my har		ts contained within this
Owner	Owner		
STATE OF KANSAS			
COUNTY OF DOUGLAS			
The foregoing instrument was, 20,	acknowledged before me on	this d	ay of
by			
My Commission Expires:			
Notary Public			