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

<table>
<thead>
<tr>
<th>Date of Pre-application Meeting:</th>
<th>Planner:</th>
</tr>
</thead>
</table>

## PROPERTY INFORMATION

<table>
<thead>
<tr>
<th>Project name &amp; description (if applicable):</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Total site acreage:</th>
<th>Present zoning:</th>
<th>Proposed zoning:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Present land use:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Proposed land use:</th>
</tr>
</thead>
</table>

Number and description of existing structures and improvements:

<table>
<thead>
<tr>
<th>Legal description</th>
</tr>
</thead>
</table>

*(May be attached as separate sheet)*:

<table>
<thead>
<tr>
<th>Project address/General location:</th>
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## PROPERTY OWNER INFORMATION

<table>
<thead>
<tr>
<th>Property owner’s name:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Property owner’s email:</th>
<th>Phone No.:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Property owner’s address:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City:</th>
<th>State:</th>
</tr>
</thead>
</table>

## APPLICANT’S INFORMATION *(if different from owner’s)*

<table>
<thead>
<tr>
<th>Applicant’s name</th>
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</table>

<table>
<thead>
<tr>
<th>Applicant’s email:</th>
<th>Phone No.:</th>
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<table>
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<tr>
<th>Applicant’s address:</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>City:</th>
<th>State:</th>
</tr>
</thead>
</table>
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:

________________________________________________________________________

________________________________________________________________________

2. Discuss the suitability of the property to the uses to which it is restricted under the current zoning:

________________________________________________________________________

________________________________________________________________________

3. 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. 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. (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 (owner(s)), (duly authorized agent), (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 MANAGEMENT:
[  ] Septic System
[  ] Sanitary Sewer

ELECTRIC:
[  ] KCP&L
[  ] Kaw Valley Electric
[  ] Westar
[  ] Other

TELEPHONE:
[  ] AT&T/Southwestern Bell
[  ] Sprint/Embarq
[  ] Other

GAS COMPANY AND/OR GAS LINES CROSSING PROPERTY
[  ] Black Hills Energy/Aquila
[  ] Atmos Energy (aka: Greeley Gas, United Cities Gas Co.)
[  ] Kansas Gas Service
[  ] Magellan Midstream Partners
[  ] Southern Star Central Gas
[  ] Williams Pipeline Co.
[  ] Other

List township the property is in:
List fire district the property is in:

Is property adjacent to State or Federal Highway? [  ] yes [  ] no
Is property located within a drainage district? [  ] yes [  ] no
If yes, which drainage district:
[  ] Douglas County - Kaw
[  ] Wakarusa - Kaw
[  ] 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 COPY OF SURVEY IF AVAILABLE.)
OWNER AUTHORIZATION

I/WE_______________________________________________________________, hereby referred to as the “Undersigned”, being of lawful age, do hereby on this ________ day of _________, 20 __, make the following statements to wit:

1. I/We the Undersigned, on the date first above written, am/are the lawful owner(s) in fee simple absolute of the following described real property: (Enter or attach legal description)

2. I/We the undersigned, have previously authorized and hereby authorize _______________________________ (Herein referred to as “Applicant”), to act on my/our behalf for the purpose of making application with the Planning Office of Lawrence/Douglas County, Kansas, regarding the subject property or portion thereof addressed as: _______________________________. Such authorization includes, but is not limited to, all acts or things whatsoever necessarily required of Applicant in the application process.

3. It is understood that in the event the Undersigned is a corporation or partnership then the individual whose signature appears below for and on behalf of the corporation or partnership has in fact the authority to so bind the corporation or partnership to the terms and statements contained within this instrument.

IN WITNESS THEREOF, I, the Undersigned, have set my hand and seal below.

___________________________________   ___________________________________
Owner                                                       Owner

STATE OF KANSAS
COUNTY OF DOUGLAS

The foregoing instrument was acknowledged before me on this ________ day of _________, 20 __,

by __________________________________________________________.

My Commission Expires:

________________________________
Notary Public