REQUEST FOR INITIATION of a TEXT AMENDMENT
To the Land Development Code or Subdivision Regulations of Lawrence and Douglas County

*Only the Lawrence-Douglas County Planning Commission, Historic Resources Commission, Lawrence City Commission or Douglas County Commission may initiate review and consideration of a proposed text amendment. (Sec. 20-1302(a))

Pre-Application Meeting
A Pre-Application meeting is required for all matters that require a public hearing.

The applicant shall meet with Planning Staff at least seven (7) working days prior to submittal of the application.

Planning Staff will determine the completeness, accuracy, and sufficiency of the application within five (5) working days of submission.

Pre-submittal ____________________ , 20 __
Target Submission Date_______________ , 20 __
Fee ________________________________

Submittal Requirements

❖ Application Form
□ A complete Application Form. (Application, 3 pages)
   ▪ Page 1 – Owner, Applicant, and Property information
   ▪ Page 2 – Description and details of proposal
   ▪ Page 3 – Description and details/signature page

❖ Other
□ Additional documentation provided by the applicant demonstrating need for amendment proposed.
□ Payment of review fee. (Make check payable to the City of Lawrence.)
REQUEST FOR INITIATION of a TEXT AMENDMENT
To the Land Development Code or Subdivision Regulations of Lawrence and Douglas County

DETERMINATION OF COMPLETENESS, ACCURACY, AND SUFFICIENCY
(Completed by Staff)

The following items apply to rezoning applications. Submission of less information than necessary to adequately review and process your application may delay the review process. The following submittal requirements will be deemed either fully completed and Provided (P) or Not Provided (NP) by the applicant. (Circled items have not been reviewed due to time constraints.)

Pre-Application Meeting
P    NP
□    □   1. Pre-Application Meeting. The applicant shall meet with Planning Staff at least seven (7) business days prior to submittal of the application.

Submittal Requirements
□    □   2. A complete application form.
□    □   3. Payment of review fee.
□    □   4. Additional documentation provided by the applicant demonstrating need for amendment proposed.
Determination Of Completeness, Accuracy, and Sufficiency
(Completed by Staff)

I have reviewed the rezoning application submitted by:

Name: ___________________________ Date: ______________

Application No. ___________________________

Based upon the submitted information, I find the application to be:

☐ Complete (based upon the items reviewed)

☐ Incomplete, inaccurate, or insufficient (circle) for the following reasons:

☐ The application or plan contains one or more significant inaccuracies or omissions that hinder timely or competent evaluation of the plan's/application's compliance with Development Code standards.

☐ The application contains multiple minor inaccuracies or omissions that hinder timely or competent evaluation of the plan's/application's compliance with Development Code standards.

☐ The application or plan cannot be approved without a variance or some other change or modification that the decision-making body for that application or plan does not have the authority to make.

☐ Other

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Planner ___________________________ Date ___________________________

Resubmit by _________________ to be placed on the agenda for the Planning Commission meeting on _________________. (All resubmitted materials must be deemed to be complete, accurate, and sufficient.)
REQUEST FOR INITIATION of a TEXT AMENDMENT

APPLICANT/AGENT INFORMATION

Contact ____________________________________________
Company ____________________________________________
Address ____________________________________________
City __________________________ State _______ ZIP ________
Phone (___) ___________ Fax (___) ___________ 
E-mail __________________________ Mobile/Pager (___) ___________
Pre-Application Meeting Date ___________ Planner ___________

Are you submitting any other applications? If so, please state which one(s).

Please identify the section of the Development Code or Subdivision Regulations proposed to be amended. __________________________________________________

Please provide proposed amendment. (Attach additional sheets if needed)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Application Form Page 4 of 6

Request for Initiation of a Text Amendment 5/5/2009
Please respond to the following questions to the best of your knowledge. In reviewing and making decisions on proposed text amendments review bodies shall consider the following factors. (Attach additional sheets if needed.)

1. **Does the proposed text amendment correct an error or inconsistency in the Development Code or Subdivision Regulations?** If so, please provide the specific error found and/or reference the specific section of the Development Code that is inconsistent with the section identified to be amended above.

2. **Does the proposed amendment meet the challenge of a changing condition?**
   If so, please explain.

3. **Is the proposed amendment consistent with Horizon 2020?** Please explain.

4. **Is the proposed amendment consistent with the stated purpose of the Development Code?** See Sec. 20-104 of the Development Code for the stated purpose.
SIGNATURE

By execution of my/our signature, I/we do hereby officially apply to request initiation of the proposed text amendment as indicated above.

Signature(s): ________________________________ Date ____________
            ________________________________ Date ____________
            ________________________________ Date ____________

STAFF USE ONLY

Application No. ________________________________
Date Received ________________________________
Planning Commission Date ____________________
Fee $ ________________________________
Date Fee Paid ________________________________