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 $200 +$50 Legal Ad Fee +$175 Ordinance Publication 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.)
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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

|   |   | 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

APPLICATION FORM

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)

____________________________________________________________________

____________________________________________________________________

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____________________________________________________________________

____________________________________________________________________
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 Plan 2040?** 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 ________________________