

APPLICATION

This form MUST be completed and filed at the Planning Department located on the 2nd floor of The Ronald Reagan Building, 271 W. 3rd Street, Wichita, KS, 67202 in accordance with directions on the accompanying instruction sheet. AN INCOMPLETE APPLICATION CANNOT BE ACCEPTED. Check the appropriate box below for type of application being submitted. A separate application form and filing fee is required for each application. A pre-application conference with the planning staff is recommended before filing this application.

SECTION I

This property is located within: Wichita Sedgwick County (unincorporated)

Metropolitan Area Planning Commission:

- Zone Change: From zoning district: _____ to _____
- Planned Unit Development: Approval Amendment to PUD _____ Adjustment to PUD _____
- Community Unit Plan: Approval Amendment to CUP _____ Adjustment to CUP _____
- Protective Overlay: Approval Amendment to PO _____ Adjustment to PO _____
- Conditional Use: To allow: _____ zone district: _____
 Adjustment to CU/CON#: _____
- Vacation of: _____ zone district: _____
(Use a separate sheet for legal description, if necessary)
- Administrative Permit: To allow: _____-foot high wireless communication facility. zone district: _____
- Off-Site Billboard Sign within _____ feet of a residential lot/structure. zone district: _____

Board of Zoning Appeals:

- Variance: To allow: _____ zone district: _____
- Appeal of: _____ zone district: _____
- Zoning Adjustment: To allow: _____ zone district: _____
- Sign Code Adjustment: To allow: _____ zone district: _____

SECTION II

1. The application area is legally described as Lot(s) _____; Block(s) _____, _____ Addition, (Wichita) Sedgwick County, KS. If appropriate, a metes and bounds description may be attached.
2. The application area contains _____ acres.
3. This property is located at (address) _____ which is generally located at (relation to nearest streets) _____
4. We are filing this request for the following reasons:

5. County control number: _____

6. The names of the owners of all property included in this application MUST be listed as applicants. Contract purchasers, lessees or others directly associated with the property may also be listed if they desire to be advised of the proceedings. (Use a separate sheet for additional applicants if needed.)

A. Applicant _____ Phone _____
 Address _____ Zip Code _____
 Email Address _____

Agent _____ Phone _____
 Address _____ Zip Code _____
 Email Address _____

B. Applicant _____ Phone _____
 Address _____ Zip Code _____
 Email Address _____

Agent _____ Phone _____
 Address _____ Zip Code _____
 Email Address _____

C. Applicant _____ Phone _____
 Address _____ Zip Code _____
 Email Address _____

Agent _____ Phone _____
 Address _____ Zip Code _____
 Email Address _____

7. We acknowledge receipt of the instruction sheet explaining the method of submitting this application. We realize that this application cannot be processed unless it is completely filled in; is accompanied by a current abstractor's certificate as required in the instruction sheet; and is accompanied by the appropriate fee. We further certify that the foregoing information is true and correct to the best of our knowledge. We authorize unannounced inspections of the subject property by City and/or County staff for the purpose of collecting information to review and analyze this request. We acknowledge that the MAPC, Governing Body, or Board of Zoning Appeals shall have authority to impose such conditions as it deems necessary in order to serve the public interest and welfare.

_____ By _____
 Applicant's signature Authorized Agent (if any)

_____ By _____
 Applicant's signature Authorized Agent (if any)

_____ By _____
 Applicant's signature Authorized Agent (if any)

The Petition must bear the signature(s) of the property owner(s). If an authorized agent signs on the owner's behalf, the agent shall sign his own name and attach the owner's written notarized authorization to this application.

FOR OFFICE USE ONLY

Map _____ Zoning (N) _____ (S) _____ (E) _____ (W) _____ MAPC/BZA _____ Township _____
 Council/Commission District _____ DAB _____ Sm. City PC _____
 NA/HOA _____
 Date _____ Fee _____ Received By _____

Required Documents:

- Ownership List BZA Justification Legal Description Vacation Petition Site Plan Signs