

Fee: 135.00

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**CITY OF CARBONDALE, KANSAS
REZONING APPLICATION FORM**

For Office Use Only

Case No.: _____
Date Advertised: _____
Date Notices Sent: _____
Public Hearing Date: _____
Planning Commission Recommendation: _____
City Council Action: _____
Ordinance No.: _____

This application must be turned in at least twenty-five days prior to the Planning Commission meeting. The Planning Commission meets on the second and fourth Thursday of every month. You must also provide a list of names and addresses of all property owners within 200 feet of any of your property lines.

APPLICANT: PHONE: _____ PHONE: _____
ADDRESS: _____ ZIP: _____
OWNER: _____ PHONE: _____
ADDRESS: _____ ZIP: _____
LOCATION OF PROPERTY: _____
LEGAL DESCRIPTION (Please use the legal description off property deed): _____

Present Zoning: _____ Requested Zoning: _____

Present Use of Property: _____

SURROUNDING LAND USE AND ZONING:

	Land Use	Zoning
North	_____	_____
South	_____	_____
East	_____	_____
West	_____	_____

CHARACTER OF THE NEIGHBORHOOD: _____

RELATIONSHIP TO EXISTING ZONING PATTERN:

1. Would the proposed change create a small, isolated district unrelated to surrounding districts? _____ Yes _____ No

2. Are there substantial reasons why the property cannot be used in accord with existing zoning? _____ Yes _____ No

If yes, explain: _____

3. Will the rezoning of this property have a potential positive or negative impact on nearby property? _____ Yes _____ No (explain): _____

RELATIVE GAIN TO THE PUBLIC

1. Is the property vacant? _____ If yes, how long has it been vacant? _____

2. Will the rezoning of this property have a potential positive or negative impact on the public as a whole? (explain) _____

CONFORMANCE WITH COMPREHENSIVE PLAN:

1. Consistent with Development Policies? _____

2. Consistent with Future Land Use Map? _____

LIST OF NEIGHBORING PROPERTIES:

_____ Certified list of property owners within 200 feet

UNIQUE CHARACTERISTIC OF PROPERTY AND ADDITIONAL COMMENT

APPLICANT'S SIGNATURE: _____ DATE: _____

City of Carbondale, Kansas
REZONING APPLICATION FORM

~ This Section is for City Use Only ~

Date of Hearing _____

Approved _____ Denied _____

Comments:

Zoning Administrator

Planning Commission Chairperson

Planning Commission Member

Planning Commission Member

Planning Commission Member

Planning Commission Member

