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CITY OF LYNDON, KANSAS
REZONING APPLICATION FORM

Fee: \$135.00

Date Paid: _____

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 first Wednesday 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: _____
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:

	<u>Land Use</u>	<u>Zoning</u>
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 Lyndon, Kansas
REZONING APPLICATION FORM
≈ This Section is for City Use Only ≈

Date of Hearing _____

Approved _____ Denied _____

Comments: _____

Planning Commission Chairperson

Planning Commission Member

Planning Commission Member

Planning Commission Member

Planning Commission Member