HOLCOMB-GARDEN CITY-FINNEY COUNTY AREA PLANNING COMMISSION
REZONING APPLICATION PROCEDURE

When a property owner desires to have his/her property zoning changed or an agent for the property owner desires a change in zoning, the following procedure must be followed:

1. The applicant must submit the following:
    a. Completed application no later than 28 days prior to desired hearing date.
    b. Application fee $300 (Holcomb $200)
    c. Copy of the Deed to property affected.
    d. If property is in the County, a certified list of surrounding property owners within 1,000ft from a title company.
    e. Any documents which the Neighborhood & Development Services staff deems necessary.

2. The applicant must sign the Rezoning Application in the presence of a Notary. If the applicant is not the property owner, the property owner must also sign the application. A copy of the purchasing contract may be submitted in lieu of the current property owner's signature.

3. The applicant should be familiar with the authorized uses for the zone requested. Some uses require a Conditional Use Permit, which may require an application and hearing before the Board of Zoning Appeals after the rezone is complete.

4. The Neighborhood & Development Services staff will publish the notices in the newspaper and send notices by mail.

5. The Planning Commission meets regularly on the 3rd Thursday of every month at 9:00 a.m.

6. The applicant or representative shall be present at the meeting.

For questions or help filling out the application, please contact:
Neighborhood & Development Services
301 N. 8th Garden City, KS 67846
(620) 276-1170

Application Deadline: _____

Planning Commission Meeting: _____

Governing Body Meeting: _____

APPLICATION FOR ZONING CHANGE
TO
HOLCOMB-GARDEN CITY-FINNEY COUNTY AREA PLANNING COMMISSION

APPLICATION FEE: $250.00/$200.00 RECEIPT NO. _____

DATE SUBMITTED: _____

Address to Property to be rezoned: _____

_____

COPY OF DEED ATTACHED: _____YES _____NO

Applicant/Agent: _____ (single contact for the case)
(Print or Type Name)

Mailing Address: _____

Phone: _____ Email: _____

Owner (If different): _____
(Print or Type Name)

Mailing Address: _____

Phone: _____ Email:_____

PRESENT ZONING: _____PRESENT USE: _____

PROPOSED ZONING DISTRICT:_____

STAFF USE:

HEARING DATE: _____

EARLIEST HEARING BEFORE GOVERNING BODY :_____(Date)

CERTIFICATE OF OWNERSHIP ATTACHED: _____YES _____NO

REQUEST CONFORMS WITH PLAN: _____YES _____NO

Application is complete as submitted from the Applicant; Case number is assigned; Receipt has been made and noted here on; Staff portions of Application are complete.

Staff Signature:_____Date: _____

VERIFICATION

STATE OF KANSAS)
) Ss.
COUNTY OF FINNEY)

I do hereby certify upon my oath that I have read the above Application for Rezoning and I know the contents thereof to be true and correct of the best of my knowledge.

_____
Applicant Signature

SUBSCRIBED AND SWORN TO before this _____day of _____, 20_____.

_____
NOTARY PUBLIC

CERTIFICATE OF OWNERSHIP

I, the undersigned, do hereby certify that on this _____day of _____, 20_____, I am the lawful owner of the following described property, to Wit:

☐ Check here if legal is attached.

_____
Owner Signature

DECLARATION OF RESTRICTION

I hereby state as registered proprietor of land, if said application for rezoning is granted by the Governing Body of Finney County, Kansas, that said use of land would be solely that which is authorized within the zoning classification and recognize such conditions as set forth in the approval. And henceforth if said use is abandoned or change proposed, that the subsequent use shall be in conformance with the zoning restrictions then if effect as to the land, unless a notice of application for a change is filed and consent obtained by said Governing Body, Finney County, Kansas.

_____
Owner Signature