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## APPLICATION FOR CHANGE OF ZONING CLASSIFICATION

### INSTRUCTIONS

1. All applicants for a change in zoning classification should consult the Zoning Administrator or City Clerk prior to submitting a formal application. The purpose of the consultation is to advise the applicant of his or her rights and responsibilities in the filing of a zoning change application.
2. The application form shall be completely filled in with the information requested or the notation N/A (Not Applicable).
3. Applicant must submit a **list of names** and mailing addresses of owners of all property within a distance of two hundred (200) feet of the boundaries of the property described in the application. This list must be obtained from the Mitchell County Appraisers Office. The appraiser's office will usually need 2 to 3 days advanced notice and there is a small fee for this list. While at the appraiser's office, ask for the "deed book and page number" of your property. This will be helpful in the next step.
4. Applicant must provide a **copy of the property deed** which is proof of ownership of the property. Tell the person in the Register of Deeds office the deed book and page number of your property for quick reference. You may purchase a copy of your property deed from the Mitchell County Register of Deeds office for 20 cents a page. This deed will legally describe the property that is necessary on the application.
5. **The application shall be signed** by the property owner or his or her duly authorized agent.
6. A fee of **\$50.00** as established by the city zoning ordinance shall be paid at the time of filing an application.
7. Applications along with the required ownership list, property deed and fee shall be filed in the office of the city clerk.

Land of the Kansas Post Rock

This is an application for change of zoning classification. The form must be completed and filed at the office of the city clerk in accordance with directions on the accompanying instruction sheet.

**AN INCOMPLETE APPLICATION CANNOT BE ACCEPTED.**

Name of applicant or applicants (owner(s) and/or their agent or agents). All owners of all property requested to be rezoned must be listed in this form.

Applicant/Owner \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Agent \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Applicant/Owner \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Agent \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Applicant/Owner \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Agent \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

2. The applicant hereby requests a change of zone from \_\_\_\_\_ zoning district to \_\_\_\_\_ zoning district for property legally described as Lot(s) \_\_\_\_\_ in Block(s) of the \_\_\_\_\_ Addition.

3. This property is located at (physical address) \_\_\_\_\_

The general location is (use appropriate section) at the \_\_\_\_\_ (NW, NE, SW, or SE) corner of \_\_\_\_\_

On the \_\_\_\_\_ (N, S,E,W) side of (Street) or, (Ave/Street)

\_\_\_\_\_ (Ave/Street) and \_\_\_\_\_ (Ave/Street). \_\_\_\_\_

Street) and Between

(Metes and bounds descriptions, if available, shall be provided in the space below or on an attached sheet)

I request this change in zoning for the following reasons: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4. I (We), the applicant(s), acknowledge receipt of the instruction sheet explaining the method of submitting this application. I (We) realize that this application cannot be processed unless it is completely filled in; is accompanied by an ownership list as required in the instruction sheet; and is accompanied by the appropriate fee.

\_\_\_\_\_  
(Owner)

\_\_\_\_\_  
(Owner)

By \_\_\_\_\_  
Authorized Agent (if any)

By \_\_\_\_\_  
Authorized Agent (if any)

6. **OFFICE USE ONLY:**

This application was received at the office of the city clerk on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.  
It has been checked and found to be complete and accompanied by required documents and the appropriate fee of \$50.00.

\_\_\_\_\_  
Zoning Administrator