



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

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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 \$250 (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 3<sup>rd</sup> 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. 8<sup>th</sup> 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

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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: \_\_\_\_\_

