



City of Goddard
118 North Main, PO Box 667
Goddard, KS 67052
P. 316.794.2441
F. 316.794.2401
goddardks.gov

APPLICATION FOR CHANGE OF ZONING DISTRICT CLASSIFICATION

Case No. _____

This form is an application for changing a zoning district classification within the City of Goddard, Kansas. Please complete the form in accordance with the directions on the following pages and return to the City of Goddard:

- By email: tjohnson@goddardks.gov
- By mail: 118 N. Main, PO Box 667 Goddard KS 67052
- By fax: 316-794-2441

Please note, an incomplete application cannot be accepted.

1. Name of applicant(s) and/or his/her agent(s). The owners of all property requesting to be rezoned must be listed.

a. Applicant _____
Address _____ Phone _____
Agent (if any) _____
Address _____ Phone _____

b. Applicant _____
Address _____ Phone _____
Agent (if any) _____
Address _____ Phone _____

(Use a separate sheet if necessary for names of additional applicants.)

2. The Applicant(s) request a change of zoning from the current _____ Zoning District classification to an _____ Zoning District classification for property legally described as Lot(s) _____ of Block _____ in the _____
_____ Addition to the City of Goddard, KS.

(A metes and bounds description may be provided in the space below or on an attached sheet.)

3. Dimensions of the property are _____ feet in depth by _____ feet in width, and comprise _____ acres (rounded to the nearest tenth) or _____ square feet in area.

4. The general location of the property is (use appropriate section):

a. The address is _____

b. At the _____ corner of _____ Street and _____ Street.

c. On the _____ side of _____ Street between _____ Street and _____ Street.

5. Is this property part of a recorded plat? Yes _____ No _____

6. The property is presently used for _____ and this change of zoning is requested for the following reasons: _____

7. I (We), the applicant(s), acknowledge receipt of the instructions and further state that I (We) have read the material. If an agent, I further state that I have or will provide the owner(s) of the property for which the change of zoning is requested an explanation of or copy of this material. I (We) realize that this application cannot be processed unless it is complete and is accompanied by a current property ownership list for the notification are, along with the appropriate fee.

Applicant Date Applicant Date

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City of Goddard Office Use Only

This application was received by the City at _____ (a.m./p.m.) on _____ (Date)

It has been reviewed and found to be complete and accompanied by the required property ownership list and application fee of _____.

Zoning Administrator _____