



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

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: [mscoggan@goddardks.gov](mailto:mscoggan@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.)*

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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.

|                    |               |                    |               |
|--------------------|---------------|--------------------|---------------|
| _____<br>Applicant | _____<br>Date | _____<br>Applicant | _____<br>Date |
| _____<br>Applicant | _____<br>Date | _____<br>Applicant | _____<br>Date |

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 \_\_\_\_\_.

City Planner \_\_\_\_\_