



BOARD OF ZONING APPEALS APPLICATION

Office Use Only

Application No. _____
 Township _____
 BZA Hearing Date _____
 ACTION _____ Date Received _____
 _____ Date Paid _____

APPLICANT/AGENT INFORMATION

OWNER INFORMATION

NAME _____
 ADDRESS _____
 CITY/ST/ZIP _____

 TELEPHONE _____
 EMAIL _____
 CONTACT _____

NAME _____
 ADDRESS _____
 CITY/ST/ZIP _____

 TELEPHONE _____
 EMAIL _____
 CONTACT _____

GENERAL INFORMATION

Description of Appeal or Variance _____

 Present Zoning District _____
 Present Land Use _____

PROPERTY INFORMATION

Legal Description _____
 _____ Parcel I.D. No _____
 Address of Property _____
 Site Size _____
 Present improvements or structures _____

I, the undersigned am the (*circle one*) (*owner*), (*duly authorized agent*), of the aforementioned property situated in the unincorporated portion of Johnson County, Kansas. By execution of my signature, I do hereby officially apply for an appeal or variance as indicated above.

Signature _____ Date _____

ATTACHMENT A