

**REZONING APPLICATION**  
 Johnson County Planning Department  
 111 S. Cherry Street, Suite 3500  
 Olathe, Kansas 66061  
 913-715-2201

<b>Office Use Only</b>	
Application No. _____	
Township _____	Zoning Board _____
ZB Hearing Date _____	
Date Received _____	Date Filing Fee Paid _____

<b>APPLICANT/AGENT INFORMATION</b>	<b>OWNER INFORMATION</b>
NAME _____	NAME _____
ADDRESS _____	ADDRESS _____
CITY/ST/ZIP _____	CITY/ST/ZIP _____
PHONE _____	PHONE _____ FAX _____
FAX _____	CONTACT _____

<b>PROPOSED USE INFORMATION</b>
Proposed Zoning District _____
Proposed Land Use _____
Reason for Requesting Rezoning _____

<b>PROPERTY INFORMATION</b>	
Legal Description _____	
Address of Property _____	
Site Size _____	Property Real Estate Number _____
Present Zoning District _____	
Present Land Use _____	
Present Improvements or structures _____	

I, the undersigned am the (*owner*), (*duly authorized agent*), (*Circle One*) of the aforementioned property situated in the unincorporated portion of Johnson County, Kansas. By execution of my signature, I do hereby officially apply for rezoning as indicated above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**ATTACHMENT A**