



**TOWN OF OLATHE**

**APPLICATION FOR ZONING MAP AMENDMENTS**

**Applicant's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Legal Owner: \_\_\_ yes \_\_\_ no Owner's name and address: \_\_\_\_\_

\_\_\_\_\_ Mailing Address Telephone Number \_\_\_\_\_

**Legal description** of proposed zoning map amendment:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Current Zoning Classification:** \_\_\_\_\_ **Requested Zoning Classification:** \_\_\_\_\_

Uses allowed under proposed zoning:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of zoning map change:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**List all property owners** and mailing addresses of those within 100' of any portion of the area under consideration for rezoning:

Name	Mailing Address
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Application Fee: \$25.00 \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_

Date of Planning and Zoning Commission Meeting \_\_\_\_\_

Recommendation of Planning and Zoning Commission \_\_\_\_\_

Date of Public Notice in Paper: \_\_\_\_\_ Date of Hearing BOT: \_\_\_\_\_

Zoning Designation Approved: \_\_\_\_\_ Type of Zoning: \_\_\_\_\_

\_\_\_\_\_  
Staff Signature

Copy of P & Z and BOT minutes attached: \_\_\_\_\_