



**CITY OF HAYSVILLE**

PO Box 404  
200 W. Grand  
Haysville, KS 67060  
Phone: 316/529-5900 | Fax: 316/529-5925  
[www.haysville-ks.com](http://www.haysville-ks.com)

**Zoning Application**

**THE RECEIPT OF MONIES DOES NOT CONSTITUTE APPROVAL OF APPLICATION**

**APPLICANT INFORMATION**

Name of Applicant:	Phone:
Mailing Address:	Email:
City, State, ZIP	
Name of Authorized Agent or Additional Applicant:	Phone:
Mailing Address:	Email:
City, State, ZIP	

**ZONING INFORMATION**

The applicant(s) hereby request(s) rezoning of:	
Legally Described as Follows:	
From Zone:	To Zone:

**SIGNATURE**

Applicant:	Date:
Agent or Additional Applicant:	Date:

**The Haysville Planning Commission may, in certain instances, recommend zoning or rezoning of property located within the city limits. The following items should accompany all requests:**

1. Legal description
2. Proof of ownership
3. Sketch of property
4. Certified (prepared by an abstract company) ownership list for all properties within 200 feet of subject property if all property is within the city limits or 1000 feet of subject property if all property is outside the city limits or a combination
5. Copy of restrictive covenants (if any)
6. Filing fee of \$200.00 and publication fee of \$75.00 paid to the City Clerk as set out in Article 7 of the Zoning Regulations of the City of Haysville

**OFFICE USE ONLY**

This application was received at the office of the Planning Commission at \_\_\_\_\_ (am/pm) on \_\_\_\_\_, 20\_\_\_\_\_. It has been checked and found to be correct and accompanied by required documents and the appropriate fee of \$275.00.

Authorized Signature: \_\_\_\_\_

Title: \_\_\_\_\_