

**CITY OF HAYSVILLE** PO Box 404 200 W. Grand Haysville, KS 67060 Phone: 316/529-5900 | Fax: 316/529-5925 www.haysville-ks.com

### **APPLICATION FOR:**

# REQUEST FOR ANNEXATION BY CONSENT APPLICATION

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

This is a request for annexation of property by consent of the owners of property. This form must be completed and filed with the Planning Department at Haysville City Hall,200 West Grand, Haysville, Kansas 67060.

### **CONTACT INFORMATION**

#### **Owner of Property Requesting Annexation by Consent:**

Name(s):	
Phone:	
Primary Contact? (Please Check): Yes No	
Agent Representing the Applicant (if applicable)	:
Name:	
Address:	
Phone:	
Primary Contact? (Please Check): Yes No	
Contract Purchaser (if applicable):	
Name:	
Address:	
Phone:	
Primary Contact? (Please Check): Yes No	
PROPERTY INFORMATION	
Property Address (if assigned):	
Size of Property:Acre	S

Current Land Use(s):
Proposed Land Use(s) (if applicable):
Requested Zoning District Upon Annexation (please check one, any zone not listed below requires a zone
change):
SF15 "Single-Family Suburban Residential" SF "Single-Family Residential"
SFZ "Single-Family/Zero Lot Line Residential"
Legal Description of Property to be Annexed (if insufficient space, please provide full legal on a separate
page submitted with request form):
I, (We) being the owner(s) of the previously described real property, hereby request and consent to annexation of such property into the City of Haysville, Kansas.
I, (We) further waive notice and hearing upon such annexation, and other formal proceedings and conditions precedent to annexation, all provided by K.S.A. 12-520c.
Signature of Owner(s):
STATE OF KANSAS )
STATE OF KANSAS ) )ss. COUNTY OF SEDGWICK )
SUBSCRIBED AND SWORN to before me, a notary public in and for the county and state aforesaid, thisday of, 20

Notary Public

Seal: