

Application for Change of Zoning

Office of Planning and Land Information
Jackson County Courthouse
400 New York, STE 102, Holton, KS 66436
(785) 364-4781

APPLICANT _____ PHONE _ () _____

ADDRESS _____

AGENT NAME & PHONE # (if applicable) _____

APPLICANTS INTEREST IN PROPERTY (OWNER, TENANT, OTHER) _____

THE APPLICANT HEREBY REQUESTS A CHANGE OF ZONING

FROM _____ TO _____ ZONING DISTRICT

PRESENT USE OF PROPERTY _____

PROPOSED USE OF PROPERTY _____

PROPERTY LOCATION _____

REASONS FOR REQUESTING THIS CHANGE IN ZONING _____

The applicant hereby declares that all information submitted is true to the best of his/her knowledge, that all information required for this request has been included. Application for a CHANGE IN ZONING does not guarantee approval, the Board of County Commissioners and Planning Commission will hear, and vote on the above application at the next available meeting. Application is considered incomplete until a completed application and the filing fee have been received.

Applicant Signature

Date