



Lindsborg  
Community  
Development

**For Office Use:**

Date Filed		Application No.	
Publication Date		Filing Fee \$50	
Hearing Date		Receipt No.	

## APPLICATION FOR REZONE

1. Applicant's Name \_\_\_\_\_
2. Applicant's Address \_\_\_\_\_
3. Telephone (daytime) \_\_\_\_\_ E-mail \_\_\_\_\_
4. Owner's Name \_\_\_\_\_
5. Owner's Address \_\_\_\_\_
6. Legal Description of affected property (attach additional sheet if necessary) \_\_\_\_\_  
\_\_\_\_\_
7. Approximate Street Address \_\_\_\_\_
8. Present Zoning \_\_\_\_\_ Use \_\_\_\_\_
9. Proposed Zoning and Use \_\_\_\_\_
10. Are there any covenants of record which prohibit the proposed development? YES ☐ (attach copy) NO ☐
11. Attach names and addresses of all owners of land within 200 feet of outer limits of rezone request (1,000 feet of unincorporated area if rezone is adjacent to city boundary).  
\_\_\_\_\_  
\_\_\_\_\_
12. If Planned Unit Development (PUD), Manufactured Home Park (MP) or Industrial Park (IP), list of exhibits, plans or schedules, including site plan:  
\_\_\_\_\_  
\_\_\_\_\_

Applicant(s)  
Signature \_\_\_\_\_

Owner(s)  
Signature \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

If the applicant is to be represented by legal counsel or an authorized agent, please complete the following in order that correspondence and communications pertaining to this application may be forwarded to the authorized individual.

Name of representative: \_\_\_\_\_

Complete Mailing Address, including zip code \_\_\_\_\_

Telephone (Business): \_\_\_\_\_ E-mail address: \_\_\_\_\_