

## **APPLICATION FOR TEXT AMENDMENT ADDITION OR CHANGE**

This is an application for change and/or addition to zoning regulations as indicated below. This form must be filed at the Office of Inspections, City of Larned, 417 Broadway.

### **AN INCOMPLETE APPLICATION CANNOT BE ACCEPTED.**

Name of applicant or applicants (owner(s) and/or their authorized agent or agents. All owners of all property requested to be changed or added to must be listed on this form.

Rentals - Must have a letter of approval for the text amendment change from landlord

1. Applicant/Owner \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Agent (if any) \_\_\_\_\_

Phone \_\_\_\_\_

2. The applicant hereby requests a change or addition to: \_\_\_\_\_

\_\_\_\_\_

3. This property is located in: Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_

A. Street Address: \_\_\_\_\_

B. On the \_\_\_\_\_ (N, S, E, W) side of \_\_\_\_\_

4. Request in change in zoning for the following reasons: \_\_\_\_\_

As per Article \_\_\_\_\_ Section(s) \_\_\_\_\_

This change would not change the integrity or intent of the zoning Regulations.

It would not cause a hardship to the surrounding neighborhood.

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