

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: _____