

City of Cherryvale  
123 West Main St.  
Cherryvale, KS 67335  
(620) 336-2776

For Official Use Only:

1. Case Number:
2. Date Filed:
3. Date Fee Paid:
4. City Receipt:
5. Date of Hearing:
6. Date Published:

Zoning Change Application  
Planning & Zoning Commission

(To Be Filled Out by the Applicant)

1. Applicant's Name: \_\_\_\_\_
2. Applicant's Address: \_\_\_\_\_
3. Address of the Property for Rezoning: \_\_\_\_\_
4. Present Owner's Name: \_\_\_\_\_
5. Present Zoning District: \_\_\_\_\_ Proposed Zoning District: \_\_\_\_\_
6. Legal Description of Property Proposed for Rezoning is as follows: (If more space is needed please use back of form)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Present Use of the Property: (Check one of the following)  
(a) Vacant \_\_\_\_\_ (c) Commercial \_\_\_\_\_  
(b) Residential \_\_\_\_\_ (d) Industrial \_\_\_\_\_

8. Desired Use of Property: \_\_\_\_\_

9. Use and Zoning of Adjacent Property:
- | <u>Direction</u> | <u>Use</u> | <u>Zoning</u> |
|------------------|------------|---------------|
| North            | _____      | _____         |
| South            | _____      | _____         |
| East             | _____      | _____         |
| West             | _____      | _____         |

10. List Your Reasons for Rezoning Request: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

(DO NOT WRITE IN THIS SPACE)

Planning and Zoning Commission Action

1. Facts Found: \_\_\_\_\_
2. Recommendation to the City Council: \_\_\_\_\_  
(Approval or Disapproval)
3. Reason for Your Recommendation: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chairman's Signature