



ZONING COMPLIANCE CERTIFICATE APPLICATION

This application is required for all requests and approvals governed by the City of Kechi Zoning Regulations. The form and instructions are available at Kechi City Hall or on the City's website at www.kechiks.com. Submit application and filing fee in person to the Zoning Administrator at: **Kechi City Hall, 220 West Kechi Rd.**

Incomplete applications WILL NOT be accepted. To be deemed complete, an application MUST INCLUDE all required signatures, all necessary information and the filing fee paid in full. Signatures and handwritten applications MUST BE written in ink. Separate application forms and filing fees are required for each request.

SECTION 1 - TYPE OF APPLICATION

Zoning Administrator _____ Target date of completed request _____

- Zoning Compliance Certificate: Current zoning _____ Land use _____
Is approval of a secondary/accessory use being requested? Yes No

SECTION 2 - PROPERTY INFORMATION

- Street address of application area: _____
- The application area contains _____ acres. (round to the nearest hundredth of an acre)
- Is the application area subdivided (platted)? Yes No
Legal description of subdivided application area: Lot(s) _____; Block(s) _____
of _____ Addition, Sedgwick County,
Kansas. *If the application area is not subdivided, please attach the metes and bounds description.*
- Sedgwick County Parcel ID Number(s) of lot(s) in the application area:
Property PIN _____

SECTION 3 - REQUEST INFORMATION

- Application area land use: Enter land use by the name as defined in Article 5 of the Zoning Regulations
Existing land use _____
Proposed land use(s) (if applicable) _____
- Are any Specific Use Standards required for the proposed use(s)? Yes No
If so, which Specific Use Standards apply, per Article 10? _____
- In the space below, please describe the nature of the request and reasons for filing:

- Applicable Setbacks:
Front yard: _____ Front/Side yard: _____ Side yard: _____ Back yard: _____

SECTION 4 - APPLICANT CONTACT INFORMATION

Contact information must be provided for applicants representing ALL property parcels in the application area, including authorized agents and other parties who wish to be notified of the proceedings, such as contract purchasers or lessees. Please attach additional copies of this sheet as necessary.

1. Owner Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

2. Agent/Contractor Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

SECTION 5 - ATTACHMENT CHECKLIST

The following items are attached to this application:

- No Attachments
- Metes and Bounds Legal Description *(if required, but not entered in Section 2)*
- Zoning Site Plan
- Supplemental Information *(optional drawings or documents attached to support the application)*

SECTION 6 - SIGNATURES & ACKNOWLEDGEMENTS

By signature below: I (we) acknowledge that I (we) understand that the application will not be processed until it is completed in full, all required information is provided and the filing fee is paid. I (we) certify that the information provided herein and attached hereto is true and correct to the best of my (our) knowledge. I (we) acknowledge that the Planning Commission, Board of Zoning Appeals and Governing Body each has the authority to impose conditions on the approval of this application as deemed necessary to serve the public interest and community welfare. I (we) hereby authorize unannounced inspections of the subject property by City staff and/or its agents for the purpose of collecting information necessary to review and analyze this request.

Signature: _____ Date: _____

Owner Authorized Agent

FOR OFFICE USE ONLY Date Filed: _____ Filing Fee Paid: \$ _____ Received by: _____

Application is: complete incomplete

Name of homeowner/property owner association *(if applicable)* _____

Zoning Compliance Certificate: Approved Not Approved Date: _____ By: _____

Zoning Administrator

Conditions of Approval Reasons for not approving _____

