

6. The names of the owners of all property included in this application MUST be listed as applicants. Contract purchasers, lessees or others directly associated with the property may also be listed if they desire to be advised of the proceedings. (Use a separate sheet for additional applicants if needed.)

A. APPLICANT Sedgwick County Kansas PHONE 316-660-4943
 ADDRESS 538 N Main Wichita KS ZIP CODE 67203

AGENT Laurie Hatfield - Black & Veatch PHONE 913-458-2480
 ADDRESS 10950 Grandview Dr Overland Park, KS ZIP CODE 66210

B. APPLICANT _____ PHONE _____
 ADDRESS _____ ZIP CODE _____

AGENT _____ PHONE _____
 ADDRESS _____ ZIP CODE _____


C. APPLICANT _____ PHONE _____
 ADDRESS _____ ZIP CODE _____

AGENT _____ PHONE _____
 ADDRESS _____ ZIP CODE _____

7. We acknowledge receipt of the instruction sheet explaining the method of submitting this application. We realize that this application cannot be processed unless it is completely filled in; is accompanied by a current abstractor's certificate as required in the instruction sheet; and is accompanied by the appropriate fee. We further certify that the foregoing information is true and correct to the best of our knowledge. We authorize unannounced inspections of the subject property by City and/or County staff for the purpose of collecting information to review and analyze this request. We acknowledge that the MAPC, Governing Body, or Board of Zoning Appeals shall have authority to impose such conditions as it deems necessary in order to serve the public interest and welfare.

_____	By	_____
Applicant's Signature		Authorized Agent (If Any)
_____	By	_____
Applicant's Signature		Authorized Agent (If Any)
_____	By	_____
Applicant's Signature		Authorized Agent (If Any)

Approved As To Form



The Petition must bear the signature(s) of the property owner(s). If an authorized agent signs on the owner's behalf, the agent shall sign his own name and attach the owner's written notarized authorization to this application.

FOR OFFICE USE ONLY

Map _____ Zoning (N) _____ (S) _____ (E) _____ (W) _____ MAPC/BZA _____ Township _____

Council/Commission District _____ DAB _____ Sm. City PC _____

NA/HOA _____

Date _____ Fee _____ Received By _____

Required Documents:

Ownership List BZA Justification Legal Description Vacation Petition Site Plan Signs