






## APPLICATION FOR A ZONING CASE

Augusta City Hall  
 113 East 6<sup>th</sup> Avenue  
 P.O. Box 489  
 Augusta, Kansas 67010

 (316) 775-4505  
 (316) 775-4566  
 [www.augustaks.org](http://www.augustaks.org)  
 [ssmith@augustagov.org](mailto:ssmith@augustagov.org)

*FOR PROPERTY LOCATED WITHIN THE JURISDICTION OF THE CITY OF AUGUSTA, KANSAS*

This application must be completed in its entirety and submitted to Susan Smith, Administrative Assistant in the Community Development Office. **INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.**

- SELECT ONE**    City Limits                       Growth Area  
**SELECT ONE**    Conditional Use Permit     Zoning District Reclassification     Appeal

<b>APPLICANT INFORMATION:</b>			
Address:			
City:	State:	Zip:	
Phone:	E-Mail:		

<b>NAME OF ENGINEER / SURVEYOR:</b>			
Address:			
City:	State:	Zip:	
Phone:	E-Mail:		

<b>PROPERTY INFORMATION:</b>					
Address:		City:	State:	KS	Zip:
Lot(s):	Block:	Subdivision:			
Existing Zoning:			Proposed Zoning:		

<b>DESCRIPTION OF REQUEST:</b>
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The applicant herein agrees to comply with the Zoning/Subdivision Regulations and the Building/Trade Codes of the City of Augusta, and all pertinent local, state and federal laws, rules and regulations. The applicant agrees that all costs associated with this request, including professional services and recording the documents thereto with the Butler County Register of Deeds, shall be assumed and paid by the owner. The undersigned further states that he/she is the owner of the property subject to the requested zoning action.

\_\_\_\_\_  
Applicant Signature & Date

OR \_\_\_\_\_  
Agent Signature & Date

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This application packet was received by the Community Development Department on \_\_\_\_\_.  
The packet has been checked and verified complete and accompanied by the required fee of \$\_\_\_\_\_.

\_\_\_\_\_  
Zoning Administrator or Designee

\_\_\_\_\_  
Date