



# APPLICATION FOR BOARD OF ZONING APPEALS REQUEST FOR VARIANCE

Case No:	_____
Filing Fee:	_____
Date Advertised:	_____
Hearing Date:	_____

Please read the application fully before completing. This application cannot be processed unless complete with all the required documents attached. If you need any assistance in completing the form, please call the Planning and Development Department at (913) 339-6700 x 160. Fax: (913) 339-6736.

## APPLICANT INFORMATION

Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Location of Property/Zoning: \_\_\_\_\_

Legal Description: \_\_\_\_\_

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## PROPERTY INFORMATION

**ADJACENT PROPERTY AND LAND USE:**

**ZONING:**

North:	_____	_____
South:	_____	_____
East:	_____	_____
West:	_____	_____

Present Use of Property: \_\_\_\_\_

Proposed Use of Property: \_\_\_\_\_

Specific Section of the Ordinance from which a Variance is being requested: \_\_\_\_\_

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Reason for Request: \_\_\_\_\_

Application Continues in the Back.....Please Turn Over

Pursuant to the requirements of KSA 12-759, the BZA may grant a Variance from the Development Ordinance provided that the BZA finds that all of the following conditions have been met. Please respond to the conditions listed below to help the BZA determine whether the conditions can be met [attach additional pages if necessary]:

1. Does the variance requested arise from a condition which is unique to the property in question and which is not ordinarily found in the same zone or district, and which is not created by an action of the property owner or applicant? \_\_\_\_\_ Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Will granting the variance adversely affect the rights of adjacent property owners or residents? \_\_\_\_\_ Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Will the strict application of the provision of the Development Ordinance from which the variance is requested constitute unnecessary hardship upon the property owner represented in the application? \_\_\_\_\_ Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Will granting the variance adversely affect the public health, safety, morals, order, convenience, prosperity or general welfare? \_\_\_\_\_ Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Will granting the variance be opposed to the general intent and spirit of the Development Ordinance? \_\_\_\_\_ Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IMPORTANT APPLICATION REQUIREMENTS**

- 1. A representative must be at the meeting to represent this application.
- 2. If more than one property owner is involved with this request, please attach additional names, addresses and signatures to this application.
- 3. The contact person will receive all staff correspondence.
- 4. Provide a list of property owners within 200 feet.

**APPLICANT**

\_\_\_\_\_  
*Applicant's Signature/Date*

**PROPERTY OWNER**

\_\_\_\_\_  
*Owner's Signature/Date*