

## REZONING

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### GENERAL PROCEDURE

- Rezoning applications are subject to Article 13 of the Zoning Regulations and Article 7 of the Procedures Manual.
- Applicant to schedule at least one pre-application meeting with City staff prior to submittal of the application.
- Submit completed application form, fee & required materials by deadline.
- Staff notifies applicant within one week if application is incomplete and what is needed.
- Staff notifies surrounding property owners within 200 feet of the property line (1000 feet where property abuts the city limits). These letters go out at least 20 days prior to Planning Commission meeting.
- Staff places a public hearing notice sign on property no later than 20 days prior to the Planning Commission meeting.
- Staff review comments are sent to the Planning Commission and the applicant five days before the Planning Commission meeting.
- Staff review comments and Planning Commission recommendation are sent to the City Council and the applicant seven days before the Council meeting.
- Action effective on date the Ordinance is published in official City newspaper.

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### REQUIRED SUBMITTALS AND MATERIALS

- Copy of property deed showing ownership and legal description; legal description in an electronic format (if metes & bounds); notarized affidavit signed by all owners.
- Provide a buffer list & map of property owners from the Johnson County Dept. of Records and Tax Administration, 111 S. Cherry St., Olathe, KS.

\*\*Failure to submit all of required documentation may result in tabling the rezoning.

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## APPLICATION REVIEW SCHEDULE

All planning commission meetings begin at 6:00 p.m. at City Hall, 32905 w 84<sup>th</sup> Street  
 City council meetings begin at 7:00 pm at City Hall, 32905 W 84<sup>th</sup> Street

Application Submittal Deadline	Publication / Notification Date	Planning Commission Meeting	City Council Meeting
<u>4 weeks before the Planning Commission Meeting</u>	<u>20 Days before the Planning Commission Meeting</u>	<u>4<sup>th</sup> Tuesday of the month</u>	<u>3<sup>rd</sup> Thursday of the month</u>

\*\*State Statute requires a minimum 14-day waiting period between the PC meeting and the Council meeting.

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## REZONING APPLICATION FEES

	<i>1 – 5 Acres</i>	<i>5.1 – 10 Acres</i>	<i>10.1 – 20 Acres</i>	<i>20.1 + Acres</i>
<b>Residential<sup>1</sup></b>	\$350	\$400	\$450	\$500
	<i>0 – 5 Acres</i>	<i>5.1 – 15 Acres</i>	<i>15.1 – 25 Acres</i>	<i>25.1 + Acres</i>
<b>Office</b>	\$450	\$500	\$550	\$600
<b>Commercial</b>	\$500	\$550	\$600	\$650
<b>Industrial</b>	\$550	\$600	\$650	\$700

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Please keep these first two pages for future reference.

REZONING APPLICATION FORM

Return Form to:

City of De Soto Planning Department  
P.O. Box C, 32905 W. 84th Street  
De Soto, KS 66018  
(913) 583-1182, ext.115  
Fax: (913) 583-3123

For Office Use Only:

Case No.: \_\_\_\_\_  
Filing Fee: \_\_\_\_\_  
Date Advertised: \_\_\_\_\_  
Public Hearing Date: \_\_\_\_\_  
Date Notices Sent: \_\_\_\_\_

APPLICANT: \_\_\_\_\_ PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_

OWNER: \_\_\_\_\_ PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_

LOCATION OF PROPERTY: \_\_\_\_\_

LEGAL DESCRIPTION: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Present Zoning \_\_\_\_\_ Requested Zoning: \_\_\_\_\_

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

**TO BE COMPLETED FOLLOWING CONSULTATION WITH PLANNING STAFF**

SURROUNDING LAND USE AND ZONING:

	<u>Zoning</u>	<u>Land Use</u>
North	_____	_____
South	_____	_____
East	_____	_____
West	_____	_____

CHARACTER OF THE NEIGHBORHOOD: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(Residential, commercial, industrial, rural, mixed use, parkland, etc.)

RELATIONSHIP TO EXISTING ZONING PATTERN:

1. Would proposed change create a small, isolated district unrelated to surrounding districts? (Spot Zoning)

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2. Are there substantial reasons why the property cannot be used in accordance with existing zoning?

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If yes, explain: \_\_\_\_\_

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3. What would potential benefits to the community be if the rezoning were approved?

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CONFORMANCE WITH COMPREHENSIVE PLAN:

1. Consistent with General Development Policies of the Comprehensive Plan? \_\_\_\_\_

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2. Consistent with Future Land Use Map? \_\_\_\_\_

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TRAFFIC CONDITIONS:

1. Street(s) with Access to Property: \_\_\_\_\_

2. Classification of Street(s): Arterial \_\_\_\_\_

Collector \_\_\_\_\_ Local \_\_\_\_\_

3. Right-of-Way Width: \_\_\_\_\_

4. Will turning movements caused by the proposed use create an undue traffic hazard? \_\_\_\_\_

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WILL THE FOLLOWING CONDITIONS OR SERVICES BE PROVIDED:

- |  |     |    |
|--|-----|----|
| 1. Appropriately Sized Lots?           | Yes | No |
| 2. Properly Sized Street Right-of-Way? | Yes | No |
| 3. Drainage or Utility Easements?      | Yes | No |

4. Utilities or Services:  
 Electricity? \_\_\_\_\_ Gas? \_\_\_\_\_  
 Sewers? \_\_\_\_\_ Water? \_\_\_\_\_  
 Storm sewers \_\_\_\_\_
5. Police and fire protection \_\_\_\_\_
6. Schools? \_\_\_\_\_
7. Parks and Recreation facilities \_\_\_\_\_
8. Additional Comments: \_\_\_\_\_

UNIQUE CHARACTERISTICS OF PROPERTY AND/OR POTENTIAL ENVIRONMENTAL IMPACTS AND ANY ADDITIONAL COMMENTS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REQUIRED ATTACHMENTS:

- \_\_\_\_\_ Certified list of property owners within 200 feet obtained from Johnson County Department of Records and Tax Administration
- \_\_\_\_\_ Copy of deed showing all owners and legal description

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

BY: \_\_\_\_\_

TITLE: \_\_\_\_\_

# PROOF OF OWNERSHIP AFFIDAVIT

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ ) ss.

(1) (FILL IN IF APPLICANT IS THE LEGAL OWNER OR OWNER'S REPRESENTATIVE)

\_\_\_\_\_(print name), being first duly sworn upon his/her oath, deposes and states he/she is the legal owner **or** the authorized official of the legal owner of the property that is the subject of a Rezoning application.

Signature of Owner: \_\_\_\_\_

Name of Owner: \_\_\_\_\_  
(Name of owner signing Affidavit. If owner is a corporation or business—exact name of individual signing Affidavit, capacity and exact name and legal status of said corporation or business)

(2) (FILL IN ONLY IF APPLICANT IS A CONTRACT PURCHASER)

That \_\_\_\_\_ is/are the holder of a contract to purchase the property that is the subject of a Rezoning application from the owner(s) and is therefore a "landowner" within the meaning of the Zoning Code. (IF APPLICATION IS BEING FILED BY AN AGENT, THE AGENT'S PORTION OF THIS AFFIDAVIT MUST BE COMPLETED AS WELL.

Signature \_\_\_\_\_

Title \_\_\_\_\_  
(Name of contract purchaser signing Affidavit. If owner is a corporation or business--exact name of individual signing Affidavit, capacity and legal status of said corporation or business)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Appointment Expires:  
\_\_\_\_\_

**(EACH OWNER OF RECORD MUST FILE AN AFFIDAVIT)**