

PETITION FOR/CONSENT TO ANNEXATION

TO: The Governing Body of the City of Meriden, Kansas DATE: _____, 20__

The undersigned owner of record of the following described land hereby petition the Governing Body of the City of Meriden, Kansas to annex such land into the City. The land to be annexed is described as follows:

Said parcel of real property lies upon or touches the City's boundary lines. The undersigned further warrants and guarantees that _____

is/are the sole owner(s) of record of the real property.

Print/Type

Signature

Print/Type

Signature

Print/Type

Signature

CITY OF MERIDEN
APPLICATION FOR CHANGE OF ZONING CLASSIFICATION (REZONING)

This is an application for change of zoning classification (rezoning). The form must be completed and filed at the office of the Meriden City Clerk in accordance with directions on the accompanying instruction sheet.

AN INCOMPLETE APPLICATION WILL NOT BE ACCEPTED.

I. Name of applicant or applicants (owner(s) and/or their agent(s)). All owners of all property requested to be rezoned must be listed in this form.

A. Applicant: _____
Address: _____
City, State, Zip: _____ Phone _____
Agent: _____
Address: _____
City, State, Zip: _____ Phone _____

(Use separate sheet if necessary for names of additional owners/applicants)

II. The applicant hereby requests a change of zone from:
_____ zoning district to _____ zoning district for property legally described as:
Lot(s) _____
Block(s) _____
of the _____ Addition.

(Metes and bounds descriptions shall be provided in the space below or on an attached sheet.)

III. This property is located at: _____
Address: _____
City, State, Zip: _____

The general location is: (Use appropriate section)

A. At the _____ (NW, NE, SW or SE) corner of:
_____ and _____
(street/road) (street/road)

B. or,
On the _____ (N, S, E, W) side of:

_____ and _____
(street/road) (street/road)

IV. I request this change in zoning for the following reasons:
(Do not include reference to proposed uses for a rezoning.)

N/A

V. I (We), the applicant(s), acknowledge receipt of the instruction sheet explaining the method of submitting this application. I (We) realize that this application cannot be processed unless it is completely filled in as required in the instruction sheet.

(Owner)

(Owner)

By: _____
(Authorized Agent)

By: _____
(Authorized Agent)

VI. **OFFICE USE ONLY:**

This application was received at the office of the Meriden City Clerk at _____ (A.M.) (P.M.) on the _____ day of _____, 2000.

It has been checked and found to be complete and accompanied by the required documents.

(Name)

(Title)