

The City of Galena, Kansas
REZONING APPLICATION

1. **Applicant Name:** _____

2. **Applicant's Address & Phone Number:** _____

3. **Address (if applicable) and a legal description of the location(s) where a rezoning is sought:** _____

See attached exhibit _____ *(Check if applicable)*

4. **Rezoning requested.** The nature of the rezoning sought is to rezone this real estate from _____ zoning to _____ zoning.

5. **The purpose of the rezoning request is as follows:** *(Describe the reasons a rezoning is sought, the type of use for which you currently use and plan to use the property sought to be rezoned.)* _____

6. **The new use is expected to commence:** *(State a timeline as accurately as possible.)*

7. **Fees.** The fee for a rezoning application is **\$250.00** and must be paid at the time of the application. This fee assists the City of Galena in paying publication and other related costs. At least 20 days must run from the date of the first publication of notice by the City in the official city newspaper before a hearing by the Planning Commission is legally permitted to be held. The hearing will be set as soon as is reasonably possible after the expiration of this 20 day period after consideration of the availability of the Planning Commission to meet on a particular date. Usually, hearing are held on Mondays at 6:00 p.m., however, this date can be changed. The City will notify the applicant at the address or phone number above of the hearing date once it is established.