

REZONING APPLICATION PACKET



Community Development Department ~ 1101 Poyntz Ave ~ Manhattan, KS 66503 ~ 785-587-2412

Property owners may apply to request a change the zoning classification of their property. The process usually takes between 110 and 130 days and requires diligence of the applicant to ensure the materials submitted are sufficient. If you would like to rezone your property to a Planned Unit Development (PUD), please refer to the PUD Application Packet.

Eligibility

To be eligible to rezone, your property must meet at least one of the following requirements:

1. It must have at least 100' of frontage on a public street; OR
2. It must be at least 10,000 square feet in area; OR
3. It must abut a property that is zoned the same designation you would like to rezone your property to.

Application Submittal

Before you submit an application to rezone your property, there are a few required steps that must be completed. These steps include:

1. **Pre-Application Meeting.** The first required step is a Pre-Application Meeting. The Pre-Application Meeting must be held at least 10 days prior to submittal of the rezoning application. Please refer to the attached Pre-Application Meeting Request Form for more information on this step. Call 785-587-2412 for questions or to schedule your Pre-Application Meeting.
2. **Neighborhood Meeting.** The second step is to hold a Neighborhood Meeting. This is also required prior to the submittal of an application. You must contact the Community Development Department at least five days prior to the date of your Neighborhood Meeting so that the City can disseminate the meeting information. Please refer to the Neighborhood Meeting Instructions and Neighborhood Meeting Report Form included in this packet.
3. The application must be completed and submitted with all the required items by the deadline.

<p>CURRENT MANHATTAN URBAN AREA PLANNING BOARD DEADLINES AND HEARING DATES</p>
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Requests will not be scheduled for a public hearing if applications and attachments are incomplete or unsigned. If you have any questions about the application or the information required please contact the Community Development Department at 785-587-2412.

Prior to making any improvements, it is the applicant's responsibility to contact the Code Services Department (785-587-4506) to determine applicable building and fire codes, if a building permit is needed.

The following Project Checklist indicates all of the required items needed for a complete rezoning application submittal:

Project Check List

I. CHECK THAT EACH ITEM IS COMPLETED BEFORE APPLICATION SUBMITTAL

- Pre-Application Meeting:** Request form is attached.
- Neighborhood Meeting:** Instructions and Forms are attached.

II. CHECK THAT EACH ITEM IS INCLUDED IN YOUR SUBMITTAL

- Application:** Completed and signed
- Neighborhood Meeting Report:** Instructions and Forms are attached
- Written Response to Rezoning Matters:** Included in application
- Plat or Location Map:** Showing the location of the parcel(s) to be rezoned
- Correct Legal Description:** Must be typewritten, readable and reproducible
- Affidavit in Support of Request for City Action:** Form attached
- Any Additional Material:** As discussed in the Pre-Application Meeting
- Fees:**
 - \$160. Application fee. Check should be payable to the City of Manhattan.

III. ITEMS TO BE COMPLETED BEFORE PUBLIC MEETING

- Post Public Hearing Yard Signs on Parcel:** At least 20 days before hearing date
- Yard Sign Affidavit:** Sign form in the Community Development Department prior to 5:00 p.m. on the hearing date.

REZONING APPLICATION



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This information must be completed in its entirety before the application will be accepted.

APPLICANT INFORMATION

Property Owner (Applicant) _____
Authorized Signer (if owner is an entity) _____
Address: _____
City: _____ State: _____ Zip: _____
Tel: _____ Fax: _____
Email: _____

**MUST BE
SUBMITTED
IN FULL
BY 5:00 P.M. ON:

HEARING DATE:
_____**

Additional Contact Information

Company: _____
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Tel: _____ Fax: _____
Email: _____

Relationship to property owner(s) (check most applicable)

Buyer Consultant Other (describe) _____

PROPERTY INFORMATION

Property Address (If no street address, then a general street location/description):

Legal Description: Lot: _____ Subdivision: _____ (Also attach description)

Existing Use of Property: _____

Current Zoning District: _____

Proposed Zoning District: _____

BY SIGNING THIS APPLICATION THE OWNER(S) ATTEST THAT ALL INFORMATION AND FACTS PROVIDED ON THIS FORM AND ATTACHMENTS ARE COMPLETE AND ACCURATE AND THAT ANY OMISSION OR INCORRECT FACT OR INFORMATION MAY INVALIDATE ANY NOTICE OR SUBSEQUENT ACTION TAKEN BY THE MANHATTAN URBAN AREA PLANNING BOARD OR CITY COMMISSION. (All owners shall sign the application. Attach additional name/address/signature/date pages as needed.)

Owner(s) Signature Date Owner(s) Signature Date

For Office Use Only
Date submitted _____ Project # _____ Planner _____

REZONING APPLICATION



It is our policy to provide individuals with disabilities an equal opportunity to participate in, and enjoy the benefits of our services, programs, and activities. If you need special assistance to use our services, please contact the Human Resources Department (587-2440) for assistance.
Community Development Department - 1101 Poyntz Ave - Manhattan, KS 66503 - 785-387-2412

WRITTEN RESPONSE TO 12 REZONING MATTERS

Provide a written response to the following questions. These questions address the 12 matters the Planning Board and City Commission must consider when making a decision to rezone the property. For more information on the zoning process, please refer to Article IV of the Manhattan Zoning Regulations.

- 1. What is the proposed zoning district and land uses to be established on this property?

- 2. What are the physical and environmental characteristics of the property?

- 3. What are the zoning classifications and land uses of nearby properties?

- 4. Is the property suitable for the proposed land uses?

- 5. What is the character of the neighborhood?

- 6. Is the proposed zoning district compatible with nearby properties? Will the proposed zoning district have a detrimental affect these nearby properties? If so, how might this proposed zoning district detrimentally affect these nearby properties?

- 7. Is the proposed rezone in conformance to the adopted Comprehensive Plan for the City of Manhattan?

REZONING APPLICATION



8. What is the zoning history of this property, and the length of time it has remained vacant as it is currently zoned?

9. Would the proposed zoning be consistent with the intent and purpose of the zoning regulations;

10. If this rezoning request is denied, what would be the relative gain to the public health, safety and welfare, and what would be the hardship to the owner?

11. Is there adequate sewer and water facilities, streets and other needed public services for this property, or can these things be provided?

12. Are there any additional matters that may apply to this request?

Submit hard copy and digital applications using any of the following methods:

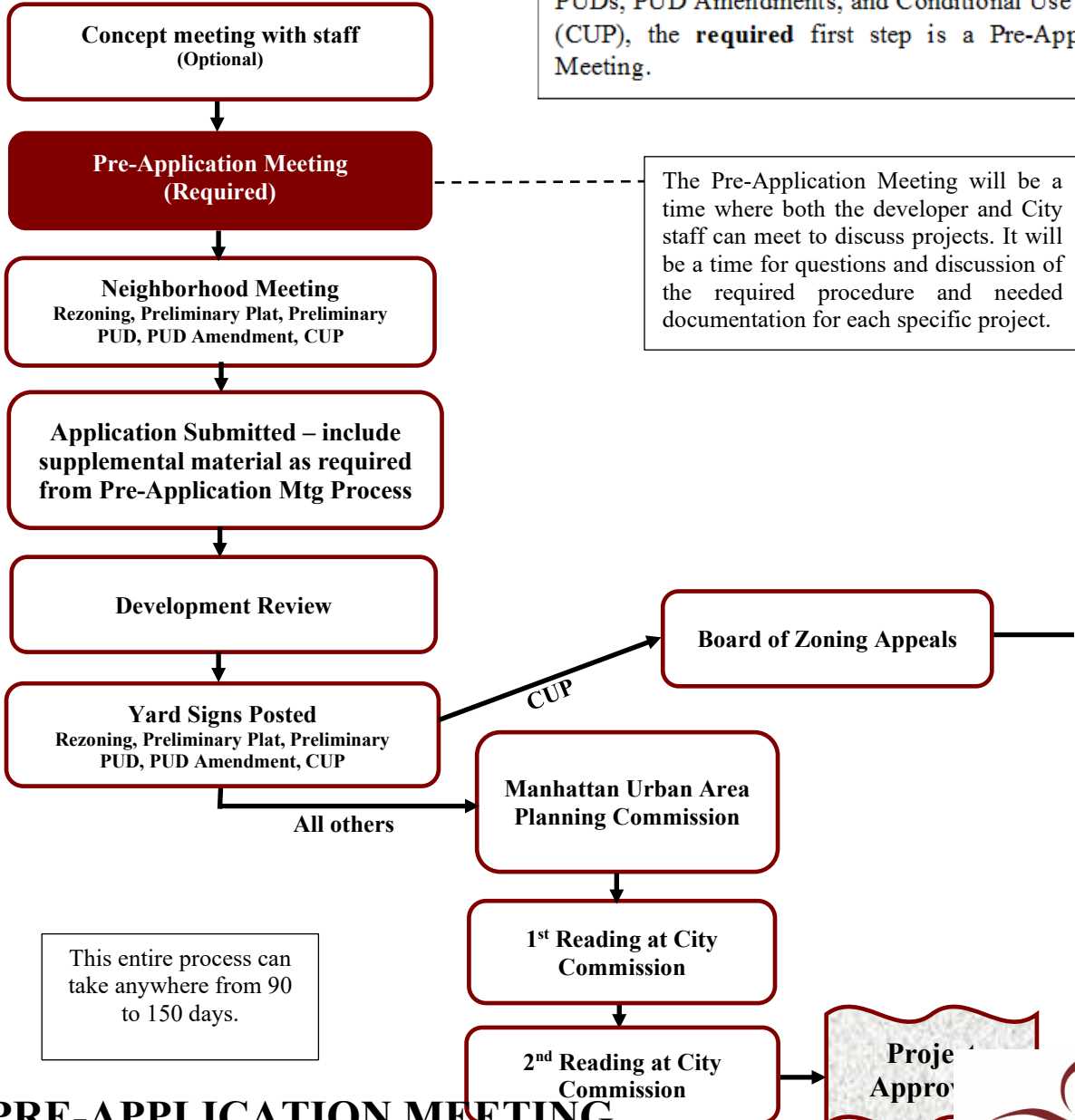
1. Mail: City of Manhattan, ATTN: Community Development Department, 1101 Poyntz Ave, Manhattan, KS 66502.
2. Email (for digital only): _____
3. In person: Drop off the application at the second floor in the bins placed at the counter of the City Administration Center located at 1101 E. Poyntz AVE in Manhattan.

PRE-APPLICATION MEETING Request Form

Community Development Department ~ 1101 Poyntz Ave ~ Manhattan, KS 66503 ~ 785-587-2412

The following flowchart depicts the Planning and Zoning Process

The City of Manhattan welcomes development within the City, and staff is ready to assist in this process to ensure each project moves smoothly from start to finish. There are specific steps to take depending on the parameters of the project. All Planning and Zoning actions are required to go through an application process. For Annexations, Rezoning, Preliminary and Final Plats, Preliminary PUDs, PUD Amendments, and Conditional Use Permits (CUP), the **required** first step is a Pre-Application Meeting.



The Pre-Application Meeting will be a time where both the developer and City staff can meet to discuss projects. It will be a time for questions and discussion of the required procedure and needed documentation for each specific project.

This entire process can take anywhere from 90 to 150 days.

PRE-APPLICATION MEETING Request Form

Community Development Department ~ 1101 Poyntz Ave ~ Manhattan, KS 66503 ~ 785-587-2412



A Pre-Application Meeting is required at least 10 days before a planning and zoning application is accepted. The information on this request form must be completed in its entirety and submitted to the Community Development Department at least one week before the Pre-Application Meeting is scheduled.

REQUESTED PROCESS

- Annexation Conditional Use Permit Preliminary Plat
 Final Plat Preliminary PUD PUD Amendment
 Rezone from _____ to _____ for the following use _____

APPLICANT INFORMATION

Applicant _____
Primary Contact (if applicant is an entity) _____
Address: _____
City: _____ State: _____ Zip: _____
Tel: _____ Fax: _____
Email: _____

Relationship to property owner(s) (*check most applicable*)
 Property Owner Buyer Consultant Other (describe) _____

PROPERTY INFORMATION

Property Address (If no street address, then a general street location/description):

Legal Description: Lot: _____ Subdivision: _____ (Or attach description)
Existing Use of Property: _____
Current Zoning District: _____ If PUD, Name _____

REQUIRED SUPPLEMENTAL INFORMATION

- Prepare and attach a written description and sketches of the proposed project. Include information on the following proposed uses, building square footage, location of building footprint(s), number of parking spaces, amount of open space, location of access points, sidewalks, elevation(s) of building(s), location of detention ponds, etc.
 Provide any details of the project or operation that may be important to the proposal.
 Provide a list of questions for which you want specific answers.

Submit hard copy or digital applications including the required supplemental information using any of the following methods:

1. Mail: City of Manhattan, ATTN: Community Development Department, 1101 Poyntz AVE, Manhattan, KS 66502.
2. Email (for digital only): communitydevelopment@cityofmhk.com
3. In person: Drop off the application at the second floor in the bins placed at the counter of the City Administration Center located at 1101 Poyntz Avenue in Manhattan.

For Office Use Only

Date submitted _____ Project # _____ Planner _____



It is our policy to provide individuals with disabilities an equal opportunity to participate in, and enjoy the benefits of our services, programs, and activities. In accordance with provisions of the ADA, every attempt will be made to accommodate the needs of persons with disabilities. Please contact the Human Resources Department (587-2440) for assistance.

NEIGHBORHOOD MEETING PACKET



Community Development Department ~ 1101 Poyntz Ave ~ Manhattan, KS 66503 ~ 785-587-2412

Instructions

The neighborhood meeting for a rezoning request must be held in accordance with the following, **prior to submission of an application** to the City of Manhattan.

- **When:** The neighborhood meeting must be held prior to submission of the application to the City. Please notify the Community Development Department at least five (5) days prior to the neighborhood meeting date, so that the date, time and location and your contact information can be disseminated through the City's Early Notification *InTouch* email system. (Call Community Development at 587-2412, or email the Planner that is processing your request)
- **Where:** The meeting should be scheduled for a time and location that is convenient to promoting neighborhood attendance and participation.
- **Who Should Receive Notice:** Mail notice to all property owners within at least 200 feet of the subject site if in the City, and 1,000 feet if in the unincorporated County, and to any neighborhood association, homeowners' association, and business association that has registered with the City Manager's Office, whose boundaries the site is located within or immediately adjacent thereto.
- **Meeting Notice:** Include the following information with your meeting notice:
 - The date, time, and location of the neighborhood meeting;
 - A description of the action(s) being applied for (*i.e. rezoning, PUD amendment preliminary plat, conditional use, state or municipally owned/operated facility*);
 - A description of the proposed land use(s);
 - A map showing the site's location; and,
 - The name of the applicant/developer and their contact information; and if utilizing a consultant, the consultant's name and contact information.
- **Meeting Summary:** Submit the signed Neighborhood Meeting Report form, along with a written summary of the neighborhood meeting including the following:
 - The issues raised by the neighborhood
 - How you propose to address the issues
 - Copy of attendee sign-in sheet
 - Copy of your mailing list and your meeting notice

Note: *The City will not advertise or schedule the public hearing until after the neighborhood meeting has been held and the meeting summary has been submitted along with the other required application documents.*



Neighborhood Meeting Report

Meeting Information

Date: _____

Time: _____

Location: _____

By my signature on this form, I certify that I mailed notice to all property owners within at least 200 feet of the subject site, as well as to any neighborhood association, homeowner's association, and business association registered with the City Manager's Office, whose boundaries the site is located within or immediately adjacent thereto.

I have attached the following information:

- Copy of my meeting notice including:
 - The date, time, and location of the neighborhood meeting;
 - A description of the action(s) being applied for (*i.e. rezoning, PUD amendment preliminary plat, conditional use, state or municipally owned/operated facility*);
 - A description of the proposed land use(s);
 - A map showing the site's location; and,
 - The name of the applicant/developer and their contact information; and if utilizing a consultant, the consultant's name and contact information.

- Copy of my mailing list of property owners and associations to which I sent the notice.

- Copy of attendee sign-in sheet

- Meeting Summary. Written summary of the neighborhood meeting including:
 - Any issues or concerns raised by the neighborhood
 - How I have addressed these issues
 - Why any particular issue cannot be addressed

Signature: _____ Date: _____
Applicant, Consultant, or Representative

Print Name: _____

AFFIDAVIT IN SUPPORT OF REQUEST FOR CITY ACTION

STATE OF KANSAS)
) ss:
COUNTY OF RILEY)

_____ (the “Undersigned”), of lawful age, being first duly sworn, deposes and states that:

1. (Check the applicable box.)
 - a. _____. The Undersigned is the applicant for certain City of Manhattan actions as set forth hereinafter.
 - b. _____. _____ is the applicant for certain City of Manhattan actions as set forth hereinafter and the Undersigned is the official, authorized representative of _____ regarding such application.

2. The application referred to above is: (Check the applicable box.)
 - a. _____. An application for a building permit to construct either a new residential building or a new commercial building and is attached hereto.
 - b. _____. A petition to create a benefit district pursuant to K.S.A. 12-6a01, et. seq., and is attached hereto.
 - c. _____. An application to zone, rezone, plat or re-plat property and is attached hereto.

3. If the applicant identified in Paragraph 1 is an individual, complete the following information:
 - a. Set forth on Attachment A, the address and description (*This can be a legal description, abbreviated legal description, or tax parcel i.d. number.*) of any real property located within the City of Manhattan that is titled in your name alone or with another person or entity, and;
 - b. Set forth on Attachment A, the address and description (*This can be a legal description, abbreviated legal description, or tax parcel i.d. number.*) of any real property located within the City of Manhattan that is titled in the name of your spouse alone or with another person or entity, and;
 - c. Set forth on Attachment A, the address and description (*This can be a legal description, abbreviated legal description, or tax parcel i.d. number.*) of any real property located within the City of Manhattan that is titled in the name of any entity in which you have at least a 20% interest.

4. If the applicant identified in Paragraph 1 is an entity, complete the following information:
 - a. Set forth on Attachment A, the address and description (*This can be a legal description, abbreviated legal description, or tax parcel i.d. number.*) of any real property located within the City of Manhattan that is titled in the entity’s name alone or with another person or entity, and;
 - b. Set forth on Attachment A, the information required in Paragraph 3, above, for the individual signing the application on behalf of the entity and for any other individuals who own at least a 20% interest in the entity.

5. If the applicant identified in Paragraph 1 is not the owner of the property which is the subject of the application, set forth on Attachment A the information required in Paragraph 3 if the owner is an individual, or, the information required in Paragraph 4 if the owner is an entity.

6. The Undersigned hereby states that all property taxes, including special assessments are paid current, as of the date of this Affidavit, regarding any property identified, or required to be identified, on Attachment A, as well as any real property that is the subject of the application attached hereto. The Undersigned attaches hereto a certificate from the applicable County Treasurer(s) certifying the status of any such taxes.

7. **The Undersigned is well aware of the facts set forth herein, including the facts set forth on Attachment A, and hereby states that all such facts are true, complete and correct. The Undersigned is aware of the provisions of Article III of Chapter 11 of the Code of Ordinances of the City of Manhattan and understands that Section 11-18(c) of said Article makes it unlawful for any person to sign this Affidavit if any statement set forth herein is untrue or incomplete. The Undersigned is further aware that any conviction of a violation of the above referenced Section carries with it a mandatory minimum fine of \$500 for each such violation.**

(The balance of this page is left blank intentionally.)

FURTHER AFFIANT SAITH NOT.

 _____ (printed name)

SUBSCRIBED AND SWORN TO BEFORE ME this _____ day of _____,
 20__.

 NOTARY PUBLIC

My appointment expires:

ATTACHMENT A

ADDRESS

DESCRIPTION

OWNER

- | | | | |
|----|-------|-------|-------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |

(Use additional pages, if necessary.)