

CUSTOMER INVOICE
Metropolitan Area Planning Department

63471

CUSTOMER Kim Jantz NAME 316-641-1471 PHONE/CELL NUMBER
ADDRESS 1201 W River Blvd P-210 STREET CITY STATE KS ZIP CODE 67202

DESCRIPTION/CASE # CDN 2021-12 AMT \$ 175⁰⁰ OL3 15408

DESCRIPTION/CASE # Admin Adv. AMT \$ 10⁰⁰ OL3 15401

REVENUE OCA 150004 POSTAGE \$ OL3 9039

PAYMENT DUE WITHIN 7 DAYS

Please Make Check Payable to: City of Wichita

Mail Payment to: Planning Department
271 West Third St., 2nd Floor
Wichita, KS 67202

SALES TAX \$ GL 2005 150101

TOTAL \$ 185⁰⁰

MAPD STAFF kmorgan DATE 3-9-2021

WHITE - Customer YELLOW - Return with Payment PINK - MAPD Office GOLDENROD - MAPD File

Revised 12/16

APPLICATION

This form MUST be completed and filed at the Planning Department located on the 2nd floor of The Ronald Reagan Building, 271 W. 3rd Street, Wichita, KS, 67202 in accordance with directions on the accompanying instruction sheet. AN INCOMPLETE APPLICATION CANNOT BE ACCEPTED. Check the appropriate box below for type of application being submitted. A separate application form and filing fee is required for each application. A pre-application conference with the planning staff is recommended before filing this application.

SECTION I

This property is located within: ☒ Wichita ☐ Sedgwick County (unincorporated)

Metropolitan Area Planning Commission:

- ☐ Zone Change: From zoning district: _____ to _____
- ☐ Planned Unit Development: ☐ Approval ☐ Amendment to PUD _____ ☐ Adjustment to PUD _____
- ☐ Community Unit Plan: ☐ Approval ☐ Amendment to CUP _____ ☐ Adjustment to CUP _____
- ☐ Protective Overlay: ☐ Approval ☐ Amendment to PO _____ ☐ Adjustment to PO _____
- ☐ Conditional Use: To allow: _____ zone district: SF-5
- ☒ Adjustment to CU/CON#: CON200-00040
- ☐ Vacation of: _____ zone district: _____
(Use a separate sheet for legal description, if necessary)
- ☐ Administrative Permit: To allow: _____-foot high wireless communication facility. zone district: _____
- ☐ Off-Site Billboard Sign within _____ feet of a residential lot/structure. zone district: _____
- Board of Zoning Appeals:**
- ☐ Variance: To allow: _____ zone district: _____
- ☐ Appeal of: _____ zone district: _____
- ☒ Zoning Adjustment: To allow: reduce # parking to 6 spaces zone district: SF-5
- ☐ Sign Code Adjustment: To allow: _____ zone district: _____

SECTION II

1. The application area is legally described as Lot(s) 98-100-102 Maple St; Block(s) _____, Coop's Sub _____ Addition, (Wichita) Sedgwick County, KS. If appropriate, a metes and bounds description may be attached.
2. The application area contains .19 acres.
3. This property is located at (address) 1825 W. Maple, Wichita, Ks, 67213-3957 which is generally located at (relation to nearest streets) SE corner of Maple and S. Glenn Avenue 1/2 mile w of S. Meridian on south side of W. Maple
4. We are filing this request for the following reasons:
Requesting an Administrative Adjustment to reduce the total number of required parking spaces from 8 to 6 (25% reduction) for Group Res, Limited
5. County control number: 00201548

(continue)

6. The names of the owners of all property included in this application MUST be listed as applicants. Contract purchasers, lessees or others directly associated with the property may also be listed if they desire to be advised of the proceedings. (Use a separate sheet for additional applicants if needed.)

A. Applicant Kenneth V. Jantz Phone 316-641-1471
Address 1201 W. River Blvd., B-210, Wichita, KS Zip Code 67203
Email Address kenjantz@hotmail.com

Agent _____ Phone _____
Address _____ Zip Code _____
Email Address _____

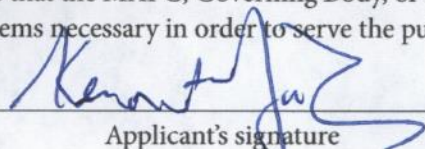
B. Applicant _____ Phone _____
Address _____ Zip Code _____
Email Address _____

Agent _____ Phone _____
Address _____ Zip Code _____
Email Address _____

C. Applicant _____ Phone _____
Address _____ Zip Code _____
Email Address _____

Agent _____ Phone _____
Address _____ Zip Code _____
Email Address _____

7. We acknowledge receipt of the instruction sheet explaining the method of submitting this application. We realize that this application cannot be processed unless it is completely filled in; is accompanied by a current abstractor's certificate as required in the instruction sheet; and is accompanied by the appropriate fee. We further certify that the foregoing information is true and correct to the best of our knowledge. We authorize unannounced inspections of the subject property by City and/or County staff for the purpose of collecting information to review and analyze this request. We acknowledge that the MAPC, Governing Body, or Board of Zoning Appeals shall have authority to impose such conditions as it deems necessary in order to serve the public interest and welfare.

 By _____
Applicant's signature Authorized Agent (if any)

_____ By _____
Applicant's signature Authorized Agent (if any)

_____ By _____
Applicant's signature Authorized Agent (if any)

The Petition must bear the signature(s) of the property owner(s). If an authorized agent signs on the owner's behalf, the agent shall sign his own name and attach the owner's written notarized authorization to this application.

FOR OFFICE USE ONLY

Map _____ Zoning (N) _____ (S) _____ (E) _____ (W) _____ MAPC/BZA _____ Township _____
Council/Commission District 4, 2 DAB _____ Sm. City PC _____

NA/HOA _____
Date 3-9-2021 Fee 185.00 Received By _____

Required Documents:

☐ Ownership List ☐ BZA Justification ☒ Legal Description ☐ Vacation Petition ☒ Site Plan ☒ Signs 2