



Topeka Planning Department
 620 SE Madison Avenue, Unit 11
 Topeka, KS 66603
 (785) 368-3728
 (785) 368-2535 fax

RE-ZONING INQUIRY

This form is to be used to obtain a preliminary opinion from the Planning Department on your proposed zone change or conditional use permit, without going through the time and expense of filing a formal application. After filling out the form, you will be contacted with a response within one week. After receiving comments from the Planning Department, you may submit a formal application or schedule a meeting with a planner to discuss issues in more detail. This is a preliminary analysis only. **A final recommendation will be determined after a formal application is submitted and a full staff report has been prepared.**

Date Submitted: _____

Name: _____

Address: _____

Phone: _____ Email: _____ Fax: _____

Location Address: _____

Lot: _____ Block: _____ Subdivision: _____ or

Describe location: _____

Existing Zoning: _____

Proposed Zoning: _____

Proposed Use of Property: _____

Office Use Below

I. Issues based on the Proposal

1. Infrastructure, Circulation, and Public Facilities
2. Neighborhood Character
 - Land uses surrounding the site
 - North: _____
 - South: _____
 - East: _____
 - West: _____
 - Density/Intensity of surrounding development
3. Compliance with Comprehensive Plan

II. Recommendations

1. Staff Comments

2. Rating Scale

- ___ ★ ★ ★ ★ ★
- ___ ★ ★ ★ ★
- ___ ★ ★ ★
- ___ ★ ★
- ___ ★

- Full Support
- Above Average Support (minor issues)
- Average Support (moderate issues)
- Below Average Support (major issues)
- No Support

Prepared by: *planner name* (785-368-30__); e-mail

Date: _____

Director/Deputy Director

Concur: _____

Not Concur: _____

Comments: _____

