



Planning & Zoning Department

Doniphan County Courthouse
PO Box 370
Troy, Kansas 66087

www.dpcountyks.com/zoning

Phone: 785-985-2229
Fax: 785-985-3784

Process for Change of Zoning and Conditional Use Permit

1. All applicants requesting a change of zoning classification or a conditional use permit, should consult with the Planning and Zoning staff before submitting an application.
2. Applications may be submitted in person at the Planning and Zoning Office or electronically. Application Forms are available in the office or online.
3. Complete applications must be signed by the owner(s) of record. Fees will be determined following the Public Hearing.
4. **A complete application packet will include the following materials:**
 - Completed and signed application form.
 - Reviews of road access from the appropriate agency (KDOT/Doniphan County Road & Bridge).
 - Narrative description of the proposed use, including anticipated vehicle trips per day, hours of operation, number of employees, existing and proposed utilities, access to the site, etc.
 - Plans and drawings depicting the following:
 - Location of all existing and proposed buildings
 - Areas to be used for parking, including the number and arrangement
 - Points of ingress and egress
 - Location of all existing and proposed utilities (sanitary sewage systems, water systems, gas lines, telephone lines and electrical power lines)
 - Location, size and characteristics of identification and business signs
 - Legal description of parcel to be rezoned and/or for conditional use permit.
 - Copy of current State or Federal permit/license (if applicable).
 - Additional documents as requested by staff.
5. A legal notice will be placed in the official County newspaper at least 20 days prior to the public hearing. The applicant will be billed for the publication fees.
6. The Planning and Zoning Office will notify adjoining property owners within 1000 feet radius of the subject property. If a city is affected, the proposal will be reviewed by that city and provide its recommendation to the Regional Planning Commission within a 20 day period.
7. The Regional Planning Commission will hold a public hearing to hear all persons who wish a voice in the proposed request. The applicant or representative **must** appear to present the case. Following the public hearing, the Regional Planning Commission will make a recommendation to approve or deny the request.
8. The final determination will be made by the Board of County Commissioners no sooner than 14 days after the public hearing in accordance with State Statutes. The applicant or representative will be notified in writing of the date and time of their hearing with the Board of County Commissioners.
9. The Board of County Commissioners approval is official upon publication in the County newspaper.

****INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE APPLICANT****



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Zoning Districts

“A-1”	Agricultural
“R-O”	Outer Residential
“MU”	Mixed Use
“I”	Industrial
“PO”	Planned Overlay

* All setbacks requirements are determined from the edge of the county right of way (if applicable)

Zoning District	Acreage Required	Front Yard Setback	Side Yard Setback	Back Yard Setback
A-1	2	30/20*	20	20
R-O	2	30	20	20
MU	2	25	15	25
I	5	30	30	20/40**
PO	2	25	15	25

* 30 feet setback from the edge of the county right-of-way for residential uses/20 feet setback from the edge of the county right-of-way for non-residential uses. All uses must be 100 feet from the right-of-way of US 36, K-7, K-20, & K-120 highways.

** 40 feet setback if abutting agricultural or residential property.



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Application for a Rezoning Request and/or a Conditional Use Permit

This form must be completed and filed at the Office of the Zoning Administrator in accordance with directions on the accompanying instruction sheet. **An incomplete application will not be accepted**

1. Name of ALL Applicant(s)/Owner(s) and/or Agent(s). (Use separate sheet, if necessary)

Applicant/Owner: _____ Agent: _____

Address: _____ Address: _____

City State Zip City State Zip

Phone: () _____ Phone: () _____

2. The Applicant hereby requests:

A change of zoning from: _____ to _____

A Conditional Use for the following: _____

3. This property address is: _____

The property is legally described as: _____

The general location is (use appropriate section):

A. At the (NW) (NE) (SW) (SE) corner of _____ and _____, or
(Street/Road) (Street/Road)

B. On the (N) (S) (E) (W) side of _____ between _____ and _____
(Street/Road) (Street/Road) (Street/Road)

4. Please attach a statement of intent/purpose for the Zoning Change or Conditional Use

I (We) realize that this application cannot be processed unless it is completely filled in and submitted with all relevant and/or requested documentation.

Owner: _____ OR Authorized Agent: _____

For Office Use Only

This application and all corresponding documents were received at the office of the Zoning Administrator on this _____ day of _____, _____. It has been examined and found to be complete and accompanied by the required documents.

Name: _____ Title: _____