



Hearing Date		Application No.	
Vicinity Map		Filing Fee	
Date Filed		Receipt No.	

APPLICATION FOR ANNEXATION

1. Applicant's Name _____
2. Applicant's Address _____
3. Telephone (daytime) _____ E-mail _____
4. General Location of Property _____

5. Legal Description of Property to be rezoned (attach additional sheets if necessary) _____

6. Size of Property to be Annexed (sq. ft. and/or acres) _____
7. List reason(s) for annexation (attach additional sheets if necessary) _____

8. Present Zoning (Saline County) _____ Use _____
9. Proposed zoning if annexed _____
10. Number of persons residing on property to be annexed _____

In submitting this application, I do hereby request the Salina City Planning Commission to consider the above-described property for inclusion within the corporate limits of Salina, Kansas.

Applicant(s) Signature _____ Date _____

Applicant(s) Signature _____ Date _____



If the applicant is to be represented by legal counsel or an authorized agent, please complete the following in order that correspondence and communications pertaining to this application may be forwarded to the authorized individual.

Name of representative: _____

Complete Mailing Address, including zip code _____

Telephone (Business): _____ **E-mail address:** _____