



420 Villa Drive, Box Elder, SD 57719 Phone: 605-923-1404 Fax: 605-923-4264 This institution is an equal opportunity provider

Rezoning Procedure

Application fee of \$300 plus \$6.90 notification fee per parcel of property within 300 feet of the subject property

A rezoning request is a request to change the zoning district that applies to a property or a portion of a property and is a type of zoning amendment. Applications go before both the Planning Commission and City Council for consideration and involve public hearings before each body. Approval and adoption of an ordinance changing the zoning of the property is required before the property owner(s) may proceed with any changes to the use of the property or obtain any related building or development permits.

Information and Materials Required:

- 1. A completed application signed by the property owner(s) and their designee;
- 2. Vicinity Map;
- Legal description of the subject property or properties;
- 4. Metes and bounds description of the portion of the property to be rezoned (if applicable);
- 5. Proposed zoning district and land uses.

Procedure:

- 1. Discuss the proposed rezoning with the Planning & Zoning Coordinator.
- 2. Submit the application to the City per the approved submittal schedule.
- Planning Department staff will place the request on the agenda per the approved submittal schedule and provide notice of the required hearings to the public and owners of property within three hundred (300) feet of the subject property.
- 4. The Planning Commission will hear public comments, review the request and make their recommendation to the City Council.
- 5. The City Council will hold public hearing concurrent with the first reading of the proposed ordinance to adopt the rezoning.
- 6. An approved adopting ordinance requires a second reading at a subsequent City Council meeting and publication in the local newspaper of record. Ordinances take effect twenty (20) days after publication.

Time Limit:

All proposed amendments shall be decided by the governing body within thirty (30) days of the public hearing before the City Council.

Criteria:

- 1. The proposed rezoning shall be necessary because of substantially changed or changing conditions of the area and districts affected.
- The proposed rezoning shall be consistent with the intent and purposes of the adopted Planning and Zoning regulations.
- The proposed rezoning shall not adversely affect any other part of the city, nor shall direct or indirect adverse effects result from such amendment.
- 4. The proposed rezoning shall be consistent with the comprehensive plan as adopted by the City of Box Elder, including, but not limited to, the major road plan, land use plan, community facilities plan and other portions of the comprehensive plan.

Withdrawal of Application:

Applications may be withdrawn prior to the approval of the second reading of the ordinance to adopt the rezoning by contacting the Planning Department. Application and notification fees are not refundable.



Planning Department

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Application for Planning and Zoning Action

I/We, the undersigned, do herby submit an application to the City of Box Elder, to take such actions as may be required by the Ordinances of the City of Box Elder, South Dakota to allow the proposed development or action for the property described below:

Application Type:								
Zoning/Land Use Subdiv			ubdivision	P	Planned Development			
Rezonir	U	Layout Plan			Initial Plan			
	onal Use Permit	Preliminary Subdivision Plan			Final Plan			
	Variance	Minor Plat			Major Amendment			
	ain Development Permit	Final Plat			Minor Amendment			
Grading	j Permit	Subdivision Variance						
		Vacation of Easement						
Legal Desc	cription:	1	Vacation of ROW/Section Line					
Location:				Size:				
Request P	roposed (attached additional	pag	es if necessary:					
Petitioner/ <i>E</i>	Agent Information							
Company: _								
Name:		Pho	ne:					
Address: _		E-N	lail:					
City, State, 2	Zip:							
Property O	wner Information							
Company: _								
Name:			Pho	ne:				
Address:				lail:				
City, State, 2	Zip:							
			dge that I/we have familiarized o ation is true and complete to the		es with the rules and regulations to the our knowledge.			
<u>Owner</u>			Petitioner/A	Agent				
Signature:			Signature:	Signature:				
Date:			Date:	Date:				
Title: (Required for C	ther)	Title:(Required for C	Title:(Required for Corporations, Partnerships, LLC & Other)					
			Office Use Only					
	Date Filed:			In	voice #:			

Office Use Only								
Date Filed:		Invoice #:						
PC Date:		RC Publication Date:						
PC Action:		Signs Placed:						
Council Action:								