



800 First Terrace, Lansing, Kansas 66043 - Telephone: 913-727-3036
Fax: 913-828-4579 - www.lansingks.org

APPLICATION FOR LANSING BOARD OF ZONING APPEALS

Name: _____

Lansing Address: _____

Home Phone: _____

Secondary Phone: _____

E-mail: _____

Please attach a written statement expressing your interest in being appointed to the Lansing Board of Zoning Appeals. Your written statement should address the following four topics:

1. Qualifications for the position.
2. Personal philosophy of the Lansing Board of Zoning Appeals.
3. Desired accomplishments as a Board of Zoning Appeals Member.
4. Willingness to attend meetings on an as needed basis.

Also, attach the name, address, and telephone number of three personal references.

This volunteer position is for the Lansing Board of Zoning Appeals for a three (3) term ending April 30, 2028. Applicants must be a resident of Lansing, at least 18 years of age, and a U.S. Citizen.

All applications should be returned to Lansing City Hall, marked to the "Attention of the City Clerk" no later than 5pm on April 30, 2025.