



APPLICATION FOR A SPECIAL USE

File No. SU- _____ - _____

This is an application for a special use. The form must be completed in accordance with directions on the accompanying instructions and filed with the Zoning Administrator at 310 South Second Street, Colwich, Kansas 67030-0158 or FAX: (316) 796-0913 **(AN INCOMPLETE APPLICATION CANNOT BE ACCEPTED)**

1. Name of applicant(s) and/or his/her agent(s). The owners of all property requesting to be rezoned must be listed.

Name & Address of Applicant _____

Email Address _____ Telephone _____

Name of Agent, if any _____

Email Address _____ Telephone _____

Name & Address of Applicant _____

Email Address _____ Telephone _____

Name of Agent, if any _____

Email Address _____ Telephone _____

(Use a separate sheet , if necessary, for names of additional applicants.)

2. The applicant hereby requests a special use to establish a _____ (use) to be located in the _____ District for property legally described as Lot(s) _____, Block _____ In the _____ subdivision.

(If appropriate, metes and bounds description may be provided in the space below or on an attached sheet) _____

3. Dimensions of the property are _____ feet in depth by _____ feet in width and _____ acres (round to the nearest tenth) or _____ square feet in area.

4. The general location of the property is (use appropriate section):

A. The address is _____

B. At the _____ corner of _____ Street and _____ Street.

C. On the _____ side of _____ Street between _____ Street and _____ Street.

5. Is this property part of a recorded plat? (circle one) Yes No

6. The property is presently used for _____ and this special use is requested for the following reasons:

I/We the applicant(s), acknowledge receipt of the instructions and further state that I/We have read the material. If an agent, I further state that I have or will provide the owners(s) of the property for which the special use is requested an explanation of or copy of this material. I/We realize that this application cannot be processed unless it is complete and is accompanied by a current real property ownership list for the notification area and the appropriate fee. I/We acknowledge that the Governing Body has authority to require such conditions as it deems necessary and reasonable in order to serve the public interest.

Applicant Date Applicant Date

Agent (if any) Date Agent (if any) Date

OFFICE USE ONLY

This application was received by the Zoning Administrator at _____ (a.m., p.m.) on _____, 20_____. It has been checked and found to be complete and accompanied by the required real property ownership list , development plan for certain districts and the appropriate fee \$_____.

Zoning Administrator

Cc: Applicant(s)