



PLANNING AND ZONING DEPARTMENT
 522 Mechanic Street
 Emporia, KS 66801
 Phone: 620-343-4268
 Fax: 620-343-4262

Conditional Use Application

Date Submitted _____

*** Attach an ownership list, certified by a registered abstractor, listing the legal description, name, and mailing addresses of the owners of all property located within 200 feet of the boundaries of the property for which the rezoning is requested (1000 feet for county applications)**

***Attach a site plan map (2), drawn to scale, showing property lines, roads, driveways, existing and proposed structures, parking stalls, landscaping, fences, and other topographical features.**

***Communications Towers: Conditions of approval: Certify in writing that the tower is structurally sound every five (5) years. Provide a certificate of liability for not less than \$ 500,000.00 coverage for injury to persons or property located within 200' of the boundaries of the property for which the variance is requested.**

(NOTE) AN INCOMPLETE APPLICATION CANNOT BE PROCESSED

	Name	Address	Phone
Applicant			
Owner			

Other Owners and Officers (corporate applications only) _____

Request for use as: _____

Conditional use authorized by section _____ Of the Zoning Regulations

Address of the property: _____

Describe the Location: _____

Is the property within the City limits? Yes ____ No ____

Current Zoning District: _____

Describe the Physical Characteristics of the property: _____

Attach or provide legal description of the property:

To grant a Conditional Use Permit the Commission must make the following findings. Explain how the proposed use would comply with each of the following items:

1.) Complies with all applicable provisions of zoning, including intensity of use regulations, yard regulations, and use regulations:

2.) Use will contribute to and promote the welfare or convenience of the public:

3.) Will not cause substantial injury to the value of other property:

4.) Location and nature of the site will not dominate the neighborhood:

5.) Parking and/or loading area meet requirements and are screened or located so as to protect adjoining residential use:

6.) Adequate utility, drainage, and other facilities are provided:

7.) Adequate roads and drives are provided so as to minimize traffic hazards and congestion:

FOR RENEWAL ONLY: Demonstrate how you have complied with granted Conditional Use Permit:

List any non-conformities which exist on the property:

By signing this application, I certify that all of the information I have provided is true and correct. I understand that additional information may be needed, or additional fees may be incurred during the rezoning application process. I understand and agree that it will be my responsibility to provide any additional information requested and to pay any additional fees incurred.

Applicants Signature

Date

Owners Signature

Date

FOR OFFICE USE ONLY		
Fee	Date Paid	Receipt no.
\$250		

Application No.

Hearing Date: