



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

## SHPO Historic Appeal Application

Date Submitted \_\_\_\_\_

**\*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.**

***(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.
\$0		

Application No.

Hearing Date: