



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

## Administrative Telecommunication Application

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

**Emporia Zoning Regulations 20-811. Administrative Permits.**

**(C) Permit Required.** No person shall erect or modify any telecom structure upon any parcel of land, or upon any antenna support structure, within any zoning district until the City has issued an administrative permit, and if required, a conditional use permit, and any applicable building permits.

**\*Attach elevation site plan plans, before and after photographs/renderings of the location, engineered approved max capacity affidavit, fall zone map showing property lines, roads, driveways, existing and proposed structures, and other topographical features.**

***(NOTE) AN INCOMPLETE APPLICATION CANNOT BE PROCESSED***

	Name	Address	Phone
Applicant			
Owner			

Other Owners and Officers (corporate applications only) \_\_\_\_\_  
 \_\_\_\_\_

Are there any covenants of record which prohibit the proposed development? Yes: \_\_\_\_ No: \_\_\_\_ Unknown \_\_\_\_

Legal Description and Address of the property for which this variance is being requested:  
 \_\_\_\_\_

Describe the Location: \_\_\_\_\_

Is the property within the City limits? Yes \_\_\_\_ No \_\_\_\_

Zoning District? \_\_\_\_\_

Type of Design/Improvement

(check one) \_\_\_\_ New \_\_\_\_ Modification to Pre-existing

(check one) \_\_\_\_ Tower \_\_\_\_ Antenna Support Structure \_\_\_\_ Telecommunication Facilities \_\_\_\_ Monopole \_\_\_\_ Other

Other Reviews (if applicable):

\_\_\_\_ **Main Street Review** \_\_\_\_ **SHPO Review** \_\_\_\_ **Building Permit** \_\_\_\_ **Engineering/Right-of-Way Permit**

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.
\$175		

\_\_\_\_\_  
Application No. Hearing Date: