

CONDITIONAL USE APPLICATION

This application is for a Conditional Use before the City Board of Zoning Appeals. The form must be completed in accordance with directions on the accompanying instructions and filed with the Zoning Administrator at Public Works, 545 W. Clay Ave, Valley Center, Kansas 67147-0188 or FAX: (316) 755-7310. An incomplete application will not be accepted. For questions, call (316) 755-7310.

Property owner(s) Name & Address _____

Phone _____ fax# _____

Petitioners Name & Address _____

Phone _____ fax# _____

Contact email address _____ Contact Cell Phone _____

Relationship of applicant to property is that of _____ Owner _____ Tenant _____ Lessee _____ Other

Conditional Use Requested _____

Address/Location of Request _____

Parcel number(s) _____

Property Zoning is now _____

Property shown on Valley Center Land Use Plan is now _____

Justification for Conditional Use request (attach narrative to application)

The applicant or his/her authorized agent acknowledges all of the following:

1. That he/she has received instruction material concerning the filing and hearing of this matter.
2. That he/she has been advised of the fee requirements established and that the fee accompanies this application.
3. That he/she has been advised of his/her rights to bring action in the District Court of the County to appeal a decision of the Board of Zoning Appeals.
4. That all documents are attached to this petition as noted in the instructions
5. That the Board has the authority to require conditions as deemed necessary and reasonable in order to serve the public interest.

Applicant	Date	Agent (If any)	Date

Office use only

A pre-application meeting occurred with the applicant on _____. This application was received at _____ (am) (pm) on _____, 20__ by the Zoning Administrator acting on behalf of the Board of Zoning Appeals. It has been checked and found to be complete and accompanied by the required documents and a nonrefundable fee of **\$200**.