



CITY OF HAYSVILLE

PO Box 404
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Haysville, KS 67060
Phone: 316/529-5900 | Fax: 316/529-5925
www.haysville-ks.com

**Conditional Use
Application**

THE RECEIPT OF MONIES DOES NOT CONSTITUTE APPROVAL OF THE APPLICATION

APPLICANT INFORMATION

Name of Applicant:	Phone:
Mailing Address:	Email:
City, State, ZIP	
Name of Authorized Agent or Additional Applicant:	Phone:
Mailing Address:	Email:
City, State, ZIP	
Relationship of applicant to property is that of: <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Lessee <input type="checkbox"/> Other	

CONDITIONAL USE INFORMATION

The applicant(s) propose to establish a:
For property generally located at:
Legally described as: Lot _____, Block _____, _____ Addition

If property is not platted, a **metes and bounds description** and **location map** shall be provided with this application.

Presently zoned as:
The conditional use described above is requested for the following reasons:

The Haysville Planning Commission may, in certain instances, recommend a conditional use permit of property located within the city limits. The following items should accompany all requests:

1. Legal description
2. Proof of ownership
3. Sketch of property
4. Certified (prepared by an abstract company) ownership list of names, mailing addresses, and zip codes of all property owners within 200 feet of the subject property if all property is within city limits, or 1,000 feet of the

subject property if all property is outside of city limits. A combination of distances shall be used if subject property lies adjacent to city limits.

5. Copy of restrictive covenants (if any)

6. Fee: The application must be accompanied by a filing fee of \$375.00.

I (we), the applicant(s), acknowledge receipt of the instruction sheet explaining the method of submitting this application. I (we) realize filled in; is accompanied by a current abstractor's certificated list as required in the instruction sheet; and is accompanied by the appropriate fee. I (we) further certify that the above and foregoing information is true and correct to the best of my (our) knowledge. I (we) acknowledge that the governing body shall have authority to impose such conditions as it deems necessary in order to serve the public interest and welfare.

Note: at least one owner must sign this application. Other owners may be represented by an agent or agents.

SIGNATURE

Applicant:	Date:
Agent or Additional Applicant:	Date:
Agent or Additional Applicant:	Date:

OFFICE USE ONLY

This application was received at the office of the Planning Commission at _____ (am/pm) on _____, 20_____. It has been checked and found to be correct and accompanied by required documents and the appropriate fee of \$375.00.

Authorized Signature: _____

Title: _____