

119 North Hersey Avenue
PO Box 567
Beloit, Kansas 67420



Tel No (785) 738-3553
Fax No (785) 738-2517
Email
dlangham@beloitks.org

APPLICATION FOR CONDITIONAL USE PERMIT

INSTRUCTIONS

1. All applicants for a conditional use permit should consult the city clerk and/or zoning officer prior to submitting a formal application. The purpose of the consultation is to advise the applicant of his or her rights and responsibilities in the filing of a conditional use permit application.
2. The application form shall be completely filled in with the information requested or the notation N/A (Not Applicable).
3. Applicant must submit a **list of names** and mailing addresses of owners of all property within a distance of two hundred (200) feet of the boundaries of the property described in the application. This list must be obtained from the Mitchell County Appraisers Office. The appraiser's office will need 1 to 3 days advanced notice and there is a small fee for this list. While at the appraiser's office, ask for the "deed book and page number" of your property. This will be helpful in the next step.
4. Applicant must provide a **copy of the property deed** which is proof of ownership of the property. Tell the person in the Register of Deeds office the deed book and page number of your property for quick reference. You may purchase a copy of your property deed from the Mitchell County Register of Deeds office for 20 cents a page. This deed will legally describe the property which is necessary on the application.
5. The application shall be signed by the property owner or his or her duly authorized agent.
6. A fee of \$50.00 as established by the city fees ordinance shall be paid at the time of filing an application.
7. Applications along with the required ownership list and fee shall be filed in the office of the city clerk.

APPLICATION FOR CONDITIONAL USE PERMIT

This is an application for conditional use permit. The form must be completed and filed at the office of the city clerk in accordance with directions on the accompanying instruction sheet.

AN INCOMPLETE APPLICATION CANNOT BE ACCEPTED.

- 1. Name of applicant or applicants (owner(s) and/or their agent or agents). All owners of all property effected by the conditional use permit must be listed in this form.

Applicant/Owner _____

Address _____ Phone _____

Agent _____

Address _____ Phone _____

Applicant/Owner _____

Address _____ Phone _____

Agent _____

Address _____ Phone _____

- 2. The applicant(s) hereby request(s) a conditional use permit for property legally described as:

Lot(s) _____ of
Block(s) _____ of the
_____ Addition.

Metes and bounds descriptions shall be provided in the space below or on an attached sheet if available.

- 3. This property is located at (physical address) _____

The general location is (use appropriate section):

On the _____ (N, S, E, W) sides of _____ (Ave/Street)

Between _____ (Ave/Street) and _____ (Ave/Street).

4. I request this conditional use permit for the following reasons: _____

(a) The request is consistent with all applicable provisions of the comprehensive plan.

(b) The request shall not adversely affect adjacent property owners.

(c) The request is compatible with the existing or allowable uses of adjacent properties.

(d) The request can demonstrate that adequate public facilities, including roads, drainage, potable water, and sanitary sewer, and police and fire protection exist or will exist to serve the requested use at the time such facilities are needed.

(e) The request can demonstrate adequate provision for maintenance of the use and associated structures.

(f) The request has minimized, to the degree possible, adverse effects on the natural environment.

(g) The request will not create undue traffic congestion.

(h) The request will not adversely affect the public health, safety or welfare.

(i) The request conforms to all applicable provisions of this code.

5. Authority:

(Owner)

(Owner)

By _____
Authorized Agent (if any)

By _____
Authorized Agent (if any)

OFFICE USE ONLY:

This application was received at the office of the city clerk on the ____ day of _____ 20_____.
It has been checked and found to be complete and accompanied by required documents and the
appropriate fee of \$50.00 is waived.

Zoning Administrator