



CONDITIONAL USE PERMIT APPLICATION

Office Use Only

Application No. _____
Township _____ Zoning Board _____
ZB Hearing Date _____
Date Received _____ Date Paid _____

APPLICANT/AGENT INFORMATION

OWNER INFORMATION

NAME _____
ADDRESS _____
CITY/ST/ZIP _____

PHONE _____
EMAIL _____
CONTACT PERSON _____

NAME _____
ADDRESS _____
CITY/ST/ZIP _____

PHONE _____
EMAIL _____
CONTACT PERSON _____

PROPOSED USE INFORMATION

Present Zoning District _____
Present Land Use _____
Proposed Land Use _____

Reason for Requesting Conditional Use Permit _____

PROPERTY INFORMATION

Legal Description _____
Address of Property _____
Site Size _____ Property Real Estate Number _____
Present Improvements or structures _____

I, the undersigned am the *(circle one)* owner, *duly authorized agent*, of the aforementioned property situated in the unincorporated portion of Johnson County, Kansas. By execution of my signature, I do hereby Officially apply for a Conditional Use Permit as indicated above.

Signature _____ Date _____

ATTACHMENT A