



CONDITIONAL USE PERMIT APPLICATION

Office Use Only

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

APPLICANT/AGENT INFORMATION

NAME _____
 ADDRESS _____
 CITY/ST/ZIP _____

 PHONE _____
 EMAIL _____
 CONTACT PERSON _____

OWNER INFORMATION

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 _____