

Application for Special Use Permit

Office of Planning and Land Information
Jackson County Courthouse
400 New York, Rm 202, Holton, KS 66436
(785) 364-2358

APPLICANT _____ PHONE __ () _____

ADDRESS _____

AGENT NAME & PHONE # (if applicable) _____

APPLICANT'S INTEREST IN PROPERTY (OWNER, TENANT, OTHER) _____

PRESENT USE OF PROPERTY

PRESENT ZONING

SPECIAL USE REQUESTED

ANY ADDITIONAL INFORMATION _____

The above applicant hereby declares that all information above is true to the best of his/her knowledge, that all conditions and standards set out in the Zoning Regulations pertaining to this use has been met or have been proposed to be met. In addition, that along with the application, sketch maps and the appropriate review and filing fee has been submitted.

Application for a Special Use Permit does not guarantee approval, the Board of Zoning Appeals will hear, and vote on the above application at the next available meeting. Application is considered incomplete until a completed application and the filing fee have been received.

Applicant Signature

Date