



City of Eureka

Zoning: special use permit

Instructions:

Print and complete this form, then return the completed form and fee payment to the City Administrator's Office in the Memorial Hall building. Contact (620) 583-6140 with questions, or email to citysecretary@eurekakansas.com

1. APPLICANT: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

LOCATION OF PROPERTY: \_\_\_\_\_

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

NAME OF AGENT (if any) \_\_\_\_\_ PHONE ( \_\_\_ ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

2. PRESENT USE OF PROPERTY: \_\_\_\_\_

3. PRESENT ZONING: \_\_\_\_\_

4. SPECIAL USE REQUIRED: \_\_\_\_\_

5. APPLICATION IS MADE IN ACCORDANCE WITH ZONING REGULATIONS SECTIONS

6. ADJACENT PROPERTY ZONING AND LAND USE:

NORTH: \_\_\_\_\_

SOUTH: \_\_\_\_\_

EAST: \_\_\_\_\_

WEST: \_\_\_\_\_

The owner 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 have been met or have been proposed to be met, and that, along with this application, sketch maps and the appropriate review and filing fee have been submitted.

APPLICANT: AUTHORIZED AGENT:

Signature:

Date:



City of Eureka

-----FOR OFFICIAL USE ONLY-----

CASE NO. \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

FEE PAID: \_\_\_\_\_

RECEIVED: \_\_\_\_\_

DATE ADVERTISED FOR HEARING: \_\_\_\_\_

PUBLIC HEARING DATE: \_\_\_\_\_

ACTION OF BOARD OF APPEALS: \_\_\_\_\_

APPEALED TO DISTRICT COURT: \_\_\_\_\_ DATE \_\_\_\_\_

DECISION OF DISTRICT COURT: \_\_\_\_\_ DATE \_\_\_\_\_