



**CITY OF HAYSVILLE**

PO Box 404  
200 W. Grand  
Haysville, KS 67060  
Phone: 316/529-5900 | Fax: 316/529-5925  
[www.haysville-ks.com](http://www.haysville-ks.com)

**Application for  
Conditional Use  
Permit**

**THE RECEIPT OF MONIES DOES NOT CONSTITUTE APPROVAL OF APPLICATION**

**APPLICANT INFORMATION**

Name of Applicant:	Phone:
Mailing Address:	Email:
City, State, ZIP	
Name of Authorized Agent or Additional Applicant:	Phone:
Mailing Address:	Email:
City, State, ZIP	
Relationship of applicant to property is that of: <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Lessee <input type="checkbox"/> Other	

**CONDITIONAL USE INFORMATION**

The applicant(s) propose to establish a:
For property located at:
Presently zoned as:
And legally described as: <i>(If appropriate, metes and bounds descriptions may be provided in the space below or on an attached sheet.)</i>
The conditional use described above is requested for the following reasons:

**The Haysville Planning Commission may, in certain instances, recommend a conditional use permit of property located within the city limits. The following items should accompany all requests:**

1. Legal description
2. Proof of ownership
3. Sketch of property

4. Certified (prepared by an abstract company) ownership list for all properties within 200 feet of subject property if all property is within the city limits or 1000 feet of subject property if all property is outside the city limits or a combination
5. Copy of restrictive covenants (if any)
6. Filing fee of \$200.00 and publication fee of \$75.00 paid to the City Clerk as set out in Article 7 of the Zoning Regulations of the City of Haysville

**I (we), the applicant(s), acknowledge receipt of the instruction sheet explaining the method of submitting this application. I (we) realize filled in; is accompanied by a current abstractor's certificated list as required in the instruction sheet; and is accompanied by the appropriate fee. I (we) further certify that the above and foregoing information is true and correct to the best of my (our) knowledge. I (we) acknowledge that the governing body shall have authority to impose such conditions as it deems necessary in order to serve the public interest and welfare.**

*Note: at least one owner must sign this application. Other owners may be represented by an agent or agents.*

**SIGNATURE**

Applicant:	Date:
Agent or Additional Applicant:	Date:
Agent or Additional Applicant:	Date:

**OFFICE USE ONLY**

This application was received at the office of the Planning Commission at \_\_\_\_\_ (am/pm) on \_\_\_\_\_, 20\_\_\_\_\_. It has been checked and found to be correct and accompanied by required documents and the appropriate fee of \$275.00.

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_