

CONDITIONAL USE PERMIT

APPLICATION

A Board of Zoning Appeals Process

Pre-Application Requirements

1. Pre-Application meeting date: Click or tap to enter a date.
2. Neighborhood meeting date: Click or tap to enter a date.

Application

Applicant/Agent Information

If different from property owner

Full Name(s):

_____ *Print Name(s)*

Company:

Address:

_____ *Street Address*

_____ *City*

_____ *State*

_____ *Zip Code*

Phone No: _____

Email: _____

Property Owner Information

Full Name(s):

_____ *Print Name(s)*

Address:

_____ *Street Address*

_____ *City:*

_____ *State*

_____ *Zip Code*

Phone No: _____

Email: _____

Property Information

Must also apply to rezone annexed parcel to City zoning district

Project name: _____

General location or address: _____

Lot no.: _____

Subdivision: _____

Acres: _____

Legal description (may be attached): _____

Current zoning: _____

Current use of property: _____

Proposed land use:

As listed in Tables 26-2C-2.2. and 26-2D-4

Responded to Review Criteria?
(Sec. 26-9E-1-E)

Yes No

Submitted Site Plan?

Yes No

Additional submittals?

Yes No If yes, what:

Signature and Attestation

By signing this application, the owner/applicant attests that all information and facts provided on this form and attachments are complete and accurate, and that any omission or incorrect fact or information may invalidate any notice or subsequent action taken by the Manhattan Urban Area Planning Board or City Commission. All applicants and owners must sign the application.

Applicant

Name:

Print Name

Date:

Signature

Owner

Name:

Print Name

Date:

Signature

Owner

Name:

Print Name

Date:

Signature

Office Use Only

App. No.:

Date Received: **Click or tap to enter a date.**

App. Fee: \$

Notice Mailed/Published

Date:

Click or tap to enter a date.

Public Hearing

Date:

Click or tap to enter a date.

Completeness Determination

Date:

Click or tap to enter a date.
