



APPLICATION FOR THE CITY OF SOUTH HUTCHINSON
ZONING DISTRICT AMENDMENT & CONDITIONAL USE PERMIT

Case Number: _____

Date Received: _____

1. We/I, the property owner(s), do hereby request:

[] Zoning District Amendment (\$100 application fee)

- We request that the zoning of the parcel described below be changed from _____
to _____.

[] Conditional Use Permit (\$100 application fee)

2. This request applies to property located at and described as follows:

- Approximate Address: _____

- Legal Description:

- Dimensions of parcel: _____

3. The name(s), address(es), and phone number(s) of the property owner(s) are as follows:

Table with 3 columns: Name, Address, Phone. Includes three rows of blank lines for data entry.

4. We, the property owner(s), do hereby appoint the following person(s) as our agent during consideration of our request:

Table with 3 columns: Name, Address, Phone. Includes three rows of blank lines for data entry.

5. Please submit a copy of survey with an attached sketch plan, drawn to scale, showing location and exterior dimensions of the parcel boundaries, adjacent street and alley rights-of-way, all existing and proposed structures, signs, yard improvements, landscaping, driveways, off-street parking areas, off-street loading areas, pedestrian walks, storm-water drainage facilities, exterior lighting fixtures, above ground utilities (such as electrical and phone lines), and below ground utilities (such as natural gas lines, water lines, pipelines, and sewers).



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6. Please submit a certified copy by a registered abstractor, the names and legal addresses of all the owners of any property located within 200 feet of the boundaries of the property to be affected by the proposed amendment.

7. Please submit a written and signed certificate from County Treasurer's Office that all property taxes due to the parcel have been paid.

8. What is the property currently be used for/as:

9. What will the property be used for/as if your application is approved? Specifically, list all uses relevant to this application:

10. What is the number of existing and proposed off-street parking spaces that you plan to use or need for this application? How much area have you allocated to parking?

11. What will be the maximum height of any proposed structure(s)? What is the height of any existing structure(s)?

12. When will construction begin if the application for the special use permit is approved, and when will it be completed?

- Start Date: _____

- End Date: _____

The following questions provide an opportunity to justify a change in zoning or approval of a conditional use permit. The information requested pertains to factors that the Planning Board and the City Council ordinarily consider in reaching a decision on an application. The proposed development will be analyzed for its compliance with the South Hutchinson Land Development Ordinance.

A. What is the character of the neighborhood?



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B. What is the zoning and use on the nearby parcels?

C. Why is the parcel suitable for the proposed development?

D. How will the proposed development affect nearby parcels?

E. Is the property currently vacant? [] YES [] NO

a. If no, then what is located on the property, and what is the history of the property?

F. If the application is denied, the property owner(s) will face the following hardships:

G. Public facilities and utilities are adequate to serve the proposed development as follows:

H. What are the aspects of characteristics of the development that help to minimize the impact on the neighborhood, public health, safety and welfare, and public facilities and utilities:



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If the space provided is not sufficient, you may attach additional pages. The applicant may also submit any other pertinent information including photographs, drawings, maps, statistics, legal documents, and letters of support.

We/I, the undersigned do hereby authorize the submittal of this application. Associate(s) hereby certify that all of the information contained therein is true and correct. (Signature(s) of the property owner(s))

Name: _____ Date: _____
Name: _____ Date: _____
Name: _____ Date: _____

OFFICE USE ONLY

CASE NUMBER: _____

Date Received: _____ Fee Received: _____
Present Zoning: _____ Notice Date: _____
Protest Date: _____ Hearing Date: _____
Final Action: _____

South Hutchinson Planning Board, South Hutchinson, Kansas 67505

Recommend Approval: [] YES [] NO

Recommend Disapproval: [] YES [] NO

Chairman: _____ Date: _____

South Hutchinson City Council, South Hutchinson, Kansas 67505

Approved: [] YES [] NO

Disapproved: [] YES [] NO

Chairman: _____ Date: _____