



THE CITY OF NEODESHA

P O BOX 336 NEODESHA, KANSAS 66757 PH: 620-325-2828 FX: 620-325-2481

CONDITIONAL USE APPLICATION

CITY OF NEODESHA

For Office Use Only

Case No.: _____

Date Advertised: _____

Date Notices Sent: _____

Public Hearing Date: _____

Action: _____

Commission Mtg Date: _____

Action: _____

APPLICANT: _____

PHONE: _____

ADDRESS: _____

ZIP: _____

OWNER: _____

PHONE: _____

ADDRESS: _____

ZIP: _____

LOCATION OF
PROPERTY: _____

LEGAL DESCRIPTION: _____

ADJACENT ZONING AND LAND USE:

	<u>Land Use</u>	<u>Zoning</u>
North	_____	_____
South	_____	_____
East	_____	_____
West	_____	_____

Present Use of
Property: _____

Proposed Use of
Property: _____

(continued on reverse side)

Does the proposed conditional use meet the following standards?

	<u>Yes</u>	<u>No</u>
1. Is deemed necessary for the public convenience at that location.	<input type="checkbox"/>	<input type="checkbox"/>
2. Is so designed, located, and proposed to be operated that the public health, safety, and welfare will be protected.	<input type="checkbox"/>	<input type="checkbox"/>
3. Is found to be generally compatible with the neighborhood in which it is proposed.	<input type="checkbox"/>	<input type="checkbox"/>
4. Will comply with the height and area regulations of the district in which it is located unless specifically granted.	<input type="checkbox"/>	<input type="checkbox"/>
5. Off-street parking and loading areas will be provided in accordance with the standards set forth in the zoning regulations, and such areas will be screened from adjoining residential uses and located so as to protect such residential use from any injurious effect.	<input type="checkbox"/>	<input type="checkbox"/>
6. Adequate utility, drainage, and other such necessary facilities have been or will be provided.	<input type="checkbox"/>	<input type="checkbox"/>
7. Should this conditional use be valid only for a specific time period?	<input type="checkbox"/>	<input type="checkbox"/>

If so, what length of time? _____

SIGNATURE: _____

WRITTEN OR TYPED NAME: _____

TITLE: _____

DATE: _____

Attachments Required:

- Site plan showing existing and proposed structures on the property in question, and adjacent property off-street parking, driveways, and other information.

Please complete both pages of the form and return to:

Zoning Administrator
City of Neodesha
1407 N. 8th
P O Box 336
Neodesha, Kansas 66757