APPLICATION TO THE
BOARD OF ZONING APPEALS

- Grievance Appeal- Regarding staff interpretation of the Zoning Regulations.
- Variance- From Zoning Regulations that have created a hardship not created by the applicant and as authorized by the Zoning Regulations.
- Conditional Uses- Regarding Non-Conforming uses and other uses expressly authorized by a conditional use permit in the Zoning Regulations.

1. The following requirements and procedures apply in any request to a Board of Zoning Appeals:

   (A) Completed application
   (B) Application fee $250 (Holcomb $200)
   (C) Copy of Deed to property affected
   (D) Drawings or pictures applicable to project
   (E) Certified list of surrounding property owners from title company within 1000ft (County)
   (F) Any other documents requested by Staff of the Board of Zoning Appeals

2. The completed application shall be returned to the Planning & Community Development Department along with the application fee.

3. The final page of the application must be signed by the applicant in the presence of a Notary. If the applicant is not the property owner, the owner must sign the application or provide a notarized document allowing the applicant to proceed.

4. 20 days prior to the meeting date, the case will be published in the Newspaper and notification will be made by mail to surrounding property owners from the certified list.

5. The applicant or a representative shall be present at the hearing.

Application for a Conditional Use Permit (CUP), Variance or Grievance Appeal must be filed with the Secretary of the Board of Zoning Appeals in the office of the Planning and Community Development Department at least twenty-eight (28) days prior to the date of the Zoning Board of Appeals meeting. Application forms are available at the Community Development Department.

For questions or help filling out this application, please contact:

Neighborhood & Development Services
301 N. 8th Garden City, KS 67846
(620) 276-1170

APPLICATION DEADLINE: ________________________________

MEETING DATE: ________________________________________________
APPLICATION FOR CONDITIONAL USE OR EXCEPTION
(Print or Type)

JURISDICTION: GARDEN CITY____ FINNEY COUNTY____ HOLCOMB____

TYPE OF REQUEST: CUP____ VARIANCE____ GRIEVANCE____

NAME OF APPLICANT: ____________________________________________

MAILING ADDRESS: __________________________________________________________

HOME TELEPHONE: ______________________ BUSINESS PHONE: ______________________

EMAIL ADDRESS: __________________________________________________________

LOCATION OF PROPERTY AFFECTED BY REGULATION: (attach sheet if necessary)
_____________________________________________________________________________

PLEASE STATE WITH PARTICULARITY:

1. How is the property currently zoned? __________________________________________

2. What is the current use of the property? _______________________________________

3. What is the request? (Attach supporting documents if necessary)__________________

4. What is the reason for the request? ____________________________________________

5. If Variance, please describe nature of hardship which necessitates variance:________

6. If Conditional Use Permit, please specify Article and Section from Zoning Regulations:
   Article: _____________ Section: ________________________________

7. If Grievance, please attach letter describing grievance.

I acknowledge the information contained in this application to be true and accurate to the best of my knowledge and belief. I understand that in making this application, I authorize and permit the Board of Zoning Appeals or its agents to view my property for purposes of granting or denying my request.

Date: __________________________  SIGNATURE OF APPLICANT

STAFF USE  Application is complete as submitted from the Applicant; Receipt has been made and noted hereon; Staff portions of Application are complete and copy has been returned to Applicant; and Board Secretary has been or will be notified of application.

Signature ______________________  Date ______________
VERIFICATION

STATE OF KANSAS  )
               ) ss.
COUNTY OF FINNEY )

I do hereby certify upon my oath that I have read the above Application to the Board of Zoning Appeals and I know the contents thereof to be true and correct of the best of my knowledge.

____________________________________
Signature

SUBSCRIBED AND SWORN TO before this _______ day of __________, 20_____________.

____________________________________
NOTARY PUBLIC

CERTIFICATE OF OWNERSHIP

I, the undersigned, do hereby certify that on this _______________ day of ______________, 20____, I am the lawful owner of the following described property, to Wit:

☐ Check here if legal is attached.

☐ Check here if not the property owner but has provided a letter of consent from the property owner.

____________________________________
Signature

DECLARATION OF RESTRICTION

I hereby state as registered proprietor of land, if said application is granted by the Board of Zoning Appeals of Finney County that said use of land will be solely that which was applied for as an excepted use or conditional use. And henceforth if said use is abandoned or a change is proposed, that the subsequent use shall be in conformity with the zoning restrictions then in effect as to the land, unless a notice of application for a transfer or change is filed and consent obtained by said Governing Body.

____________________________________
Signature