

AMENDED

APPLICATION FOR CONDITIONAL USE OR EXCEPTION

(Print or Type)

JURISDICTION: GARDEN CITY ___ FINNEY COUNTY HOLCOMB ___

TYPE OF REQUEST: CUP VARIANCE ___ GRIEVANCE ___

DATE SUBMITTED: April 28, 2020

NAME OF APPLICANT: Victor Treto

PROPERTY ADDRESS: 902 West Maple, Garden City, Kansas 67846

MAILING ADDRESS: 902 West Maple, Garden City, Kansas 67846

MAIN PHONE: _____ BUSINESS PHONE: _____

EMAIL ADDRESS: treto9122@hotmail.com

LOCATION OF PROPERTY AFFECTED BY REGULATION: (attach sheet if necessary)
Parcel #028-266-13-0-40-04-005-.00.0- Please see attached Deed

PLEASE STATE WITH PARTICULARITY:

1. How is the property currently zoned? See attached Exhibit A.

2. What is the current use of the property? See attached Exhibit A - Previously Submitted on 4-22-20.

3. What is the reason for the request, in detail? (Attach supporting documents if necessary)
See attached Exhibit A and accompanying attachments. - Previously submitted on 4-22-20.

4. If Variance, please describe nature of hardship which necessitates variance: _____

5. If Conditional Use Permit, please specify Article and Section from Zoning Regulations:
Article: 5 Section: 5.020(10)(A).

6. If Grievance, please attach letter describing grievance.

RECEIVED
BY: KH
APR 28 2020

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.

Staff Signature 

Date Application Completed: 4/28/2020

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. 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.



Applicant Signature

SUBSCRIBED AND SWORN TO before this 28 day of April, 2020.





NOTARY PUBLIC

CERTIFICATE OF OWNERSHIP

I, the undersigned, do hereby certify that on this 28 day of April, 2020, 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.



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.



Owner Signature