

**JUNCTION CITY/MILFORD/GEARY COUNTY
METROPOLITAN PLANNING COMMISSION
And
BOARD OF ZONING APPEALS**

APPLICATION FORM

DATE: _____

Case No. _____
(Assigned by Staff)

Applicant/Prop. Owner: _____ Phone: _____
(please print name)

Email: _____

Address: _____
Street/City/State/Zip --- Please Print

Signature: _____

(Printed Signature)

Agent **(if applicable)** _____ Phone: _____
Print Name

Address: _____
Street/City/State/Zip --- Please Print

Signature: _____

(Printed Signature)

This form MUST be completed and filed at the Planning & Zoning Department, located in the County Office Building at 200 E. 8th St., Junction City, KS 66441, in accordance with directions on the accompanying instruction sheet. Check the appropriate box below for type of application being submitted.

SECTION 1

This property is located within: _____ Junction City _____ Milford *or* _____ Geary County

Metropolitan Planning Commission

- _____ Zone Change from _____ to _____
- _____ Special Use Permit
- _____ Conditional Use Permit (*County only*)
- _____ Site Plan/Development Plan
- _____ Plat ~ preliminary ____; or final _____
- _____ Vacation
- _____ Other _____

Board of Zoning Appeals

- _____ Conditional Use Permit (*City Only*)
- _____ Variance
- _____ Appeal (*e.g. decision/interpretation of Person administering zoning regulations.*)
- _____ Special Exception
- _____ Other _____

SECTION II

1. Legal description: _____
(If appropriate, a meets and bounds description may be attached.)
2. Property is located at (address) _____ which is
generally located at (relation to nearest streets/roads) _____

3. Application area contains _____ acres or square footage.
4. Request filed for the following reasons: _____

(Attach additional sheets, if need; and any supporting documentation {e.g., site plan or drawing} or other applicable information.)

6. Applicant acknowledges receipt of the ***instruction sheet*** explaining the method of submitting this application. Applicant realizes this application cannot be processed unless it is completely filled in; is accompanied by all required documents (e.g., ***written statement explaining reason for request; authorization letter; development plan, etc.***); and the ***appropriate fee***. Applicant further certifies that the foregoing information is true and correct to the best of his knowledge. Applicant authorizes unannounced inspections of the subject property by City and/or County staff for the purpose of collecting information to review and analyze this request. Applicant further acknowledges that the Metropolitan Planning Commission, Board of Zoning Appeals or Governing Body shall have authority to impose such conditions as it deems necessary in order to serve the public interest and welfare. Applicant further acknowledges he has been advised of his ***right to appeal*** a decision of the Board of Zoning Appeals to the District Court.

Signature of applicant or agent or property owner

Date

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**SECTION III - Office Use Only**

This application was received at the office of the Zoning administrator on \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_; at \_\_\_\_\_ (time). This application has been checked and found to be complete and accompanied by the required documents and the appropriate fee of \$\_\_\_\_\_.

**Case No. Assigned:** \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

# **AUTHORIZATION LETTER**

Date: \_\_\_\_\_

For Case No. \_\_\_\_\_

Land owner's name and address: (please print)

Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
(City/State/Zip)

I, \_\_\_\_\_ and \_\_\_\_\_, hereby  
authorize \_\_\_\_\_ to  
act as my agent in the pursuit of a (rezoning/variance/conditional use/special use/other)  
for my property at \_\_\_\_\_, Junction City, KS 66441.

\_\_\_\_\_  
Landowner's signature

\_\_\_\_\_  
Landowner's signature