

**SEDGWICK COUNTY  
SPECIAL USE PERMIT APPLICATION  
AS REQUIRED BY  
SEDGWICK COUNTY ZONING RESOLUTION  
DEPARTMENT OF PLANNING & ZONING  
SEDGWICK COUNTY COURTHOUSE  
315 CEDAR ST., SUITE 200  
JULESBURG, CO 80737**

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DATE: \_\_\_\_\_ PERMIT # \_\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME OF LANDOWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

LEGAL DESCRIPTION OF PROPERTY: \_\_\_\_\_

\_\_\_\_\_

PRESENT ZONING: \_\_\_\_\_

PROPOSED CONDITIONAL USE: \_\_\_\_\_

TERMS OF CONDITIONAL USE: \_\_\_\_\_

BUILDING PLANS, IF APPLICABLE. (GIVE FULL DETAILS ON SEPARATE SHEET.):  
\_\_\_\_\_

NAME AND ADDRESSES OF ALL ADJACENT LANDOWNERS WITHING 300 FEET OF THE ABOVE NAMED PROPERTY.  
(ATTACH LIST.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I, (WE), HEREUNTO SUBMIT THIS APPLICATION FOR A SPECIAL USE PERMIT TO THE BOARD OF COUNTY COMMISSIONERS, TOGETHER WITH SUCH PLANS, DETAILS AND INFORMATION OF THE PROPOSED CONDITIONAL USE. I, (WE), ALSO AGREE TO PAY THE REQUIRED PERMIT FEE IF THE APPLICATION IS GRANTED AND WE FURTHER UNDERSTAND THAT THE BOARD OF SEDGWICK COUNTY COMMISSIONERS MAY, IN ADDITION TO GRANTING A SPECIAL USE PERMIT, IMPOSE ADDITIONAL CONDITIONS TO COMPLY WITH THE PURPOSE AN INTEREST OF THE SEDGWICK COUNTY ZONING RESOLUTIONS AND ZONING MAP.**

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
APPLICANT CONTACT PHONE NUMBER

\_\_\_\_\_  
PLANNING & ZONING DIRECTOR

\_\_\_\_\_  
COUNTY COMMISSIONER