

PERMIT # _____

DATE: _____

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

FORM PZ-SU-2024-01

Permit Fee \$50

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 WITHIN 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 AND INTEREST OF THE SEDGWICK COUNTY ZONING RESOLUTIONS AND ZONING MAP.

SIGNATURE OF APPLICANT

APPLICANT CONTACT PHONE NUMBER

PLANNING & ZONING DIRECTOR

COUNTY COMMISSIONER