

City of Pomona Planning and Zoning

219 Jefferson, PO Box 67

Pomona, KS 66076

Ph: (785) 566-3522 Fax: (785) 566-3851

www.pomonaks.org

Special Use Permit

Fee: \$50.00

Date Filed: _____

Zoning District: _____

1. Name of Owner: _____
Address: _____
Phone Numbers(s): _____
E-Mail Address: _____

Name of Authorized Agent: _____
Address: _____
Phone Numbers(s): _____
E-Mail Address: _____

2. Present use of property: _____

3. Zoning and existing land use of adjacent properties.

Land Use		Zoning	
North		North	
South		South	
East		East	
West		West	

4. Describe the proposed special use **in detail** (Attach additional sheet if necessary): _____

5. Application is made for a special use as provided in the Zoning Ordinance to permit the following as special use, _____
on the property located at _____
and legally described as _____

Attachment(s) Plan Yes No

Declaration of Restrictions: File a form of declaration of restrictions indicating use, which is to be made by the legal owner if the application is granted. Said restrictions must show that the use of the land will be solely for which was applied for as an excepted use. The restriction must provide that, if such use is abandoned or is proposed to be changed, the subsequent use shall be in conformity with the zoning restrictions in effect as to the land prior to authorization of the exception, unless a new application for an excepted use is made and granted.

As the owner I hereby declare that all the information above is true to the best of my knowledge, that all conditions and standards set out in the Zoning Ordinance pertaining to this use have been or have been proposed to be met, and that along with this application, sketch maps, the appropriate review and filing fee have been submitted.

Owner/Authorized Agent

Signature

Date

Planning Commission Public Hearing Date: _____

City Council Target Hearing Date: _____

**An application shall not be processed unless it has been fully completed,
the fee paid, and all required information submitted.**

This institution is an Equal Opportunity Provider.

