



Conditional Use Permit (CUP) Application Form

(Includes CUP Amendments)

City of Topeka Planning Department
620 SE Madison, 3rd Floor (Unit #11)
Topeka, KS 66607-1118
Phone 785-368-3728 Fax 785-368-2535

Applicant Information

Property Owner(s): _____

Street Address: _____

City: _____ State: _____ Zip: _____ E-mail: _____

Work phone: _____ Home phone: _____ Fax: _____

Authorized Owner Representative (if any): _____

Street Address: _____

City: _____ State: _____ Zip: _____ E-mail: _____

Work phone: _____ Home phone: _____ Fax: _____

Authorized Professional Agent (Engineer, Architect, Attorney, etc.) – if different from above

Street Address: _____

City: _____ State: _____ Zip: _____ E-mail: _____

Work phone: _____ Home phone: _____ Fax: _____

Authorization

I (we) am (are) the owner(s) of record for the subject property and hereby authorize filing of this application and any agent listed in this application to represent the owner(s). I (we) allow posting of signage on the property by the City of Topeka for the requested zoning change. I (we) declare that all submitted information is complete and accurate. I (we) hereby acknowledge that all zoning application procedures have been reviewed and understood as part of this submittal.

Owner 1 Name: _____

Owner 1 Signature: _____ **Date:** _____

Owner 2 Name: _____

Owner 2 Signature: _____ **Date:** _____

Requested Action and Site Information

Address(es) or Location(s) of Property for which CUP is requested: _____

Parcel ID Number(s): _____

Legal Description of Property*: lot(s) _____ block _____ subdivision _____

* if unplatted, attach metes and bounds description lot(s) _____ block _____ subdivision _____

Total Area (acres or square feet): _____

CUP use requested: _____

If this is an amendment to an existing CUP, is it a Minor or Major CUP Amendment? _____

Existing Zoning of property: _____

Existing Use(s) on the property: _____

How long has the existing use been active on the property? _____

Was a Pre-Application Meeting or Zoning Inquiry completed with staff? _____ If yes, when? _____

Is neighborhood meeting required? _____ If yes, indicate date, time, and place: _____

A CUP site plan is required unless waived by the Planning Director. The CUP site plan and a Statement of Operations describing the proposed use and its operating characteristics shall provide sufficient detail to address the Guidelines for Evaluation of CUP Applications. These guidelines can be found on pages 5 and 6 of the handout titled "Conditional Use Permit Application Procedures and Instructions".

This application will not be scheduled for public hearings until all property taxes and any special assessments due are current.

PLANNING OFFICE USE ONLY

Date submitted: _____

Date notice to be sent: _____

Application no.: _____

Date to be advertised: _____

Filing fee: _____ Receipt no.: _____

Date of hearing: _____

Property Taxes Current? Yes ___ No ___

Council district: _____

Parcel No.: _____

NIA/NA: _____

Items Missing? Yes ___ No ___ List any incomplete items: _____