



# Conditional Use Permit Application

Community Development/Planning Dept.  
401 N. Madison St., Spring Hill, KS 66083  
(913) 592-3657 • (913) 592-5040 FAX  
planning@springhillks.gov • www.springhillks.gov

ADDRESS OR VICINITY \_\_\_\_\_

PURPOSE FOR CONDITIONAL USE PERMIT \_\_\_\_\_

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

LEGAL DESCRIPTION \_\_\_\_\_

REAL ESTATE PARCEL NUMBER \_\_\_\_\_ PROPERTY SIZE \_\_\_\_\_

**APPLICATION FEE - \$600.00**

### APPLICANT

NAME \_\_\_\_\_ CONTACT \_\_\_\_\_

ADDRESS \_\_\_\_\_ SUITE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

### OWNER

NAME \_\_\_\_\_ CONTACT \_\_\_\_\_

ADDRESS \_\_\_\_\_ SUITE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

### ARCHITECT/ENGINEER

NAME \_\_\_\_\_ CONTACT \_\_\_\_\_

ADDRESS \_\_\_\_\_ SUITE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

APPLICANT (printed name) \_\_\_\_\_

<b>OFFICE USE ONLY</b>		
FILE CODE _____	FEE RECEIVED BY _____	DATE _____
PLANNING COMMISSION MEETING DATE _____	DECISION (circle) Approve or Deny	
CITY COUNCIL MEETING DATE _____	DECISION (circle) Approve or Deny	

**Please refer to the back side of this application for permit submittal information.**

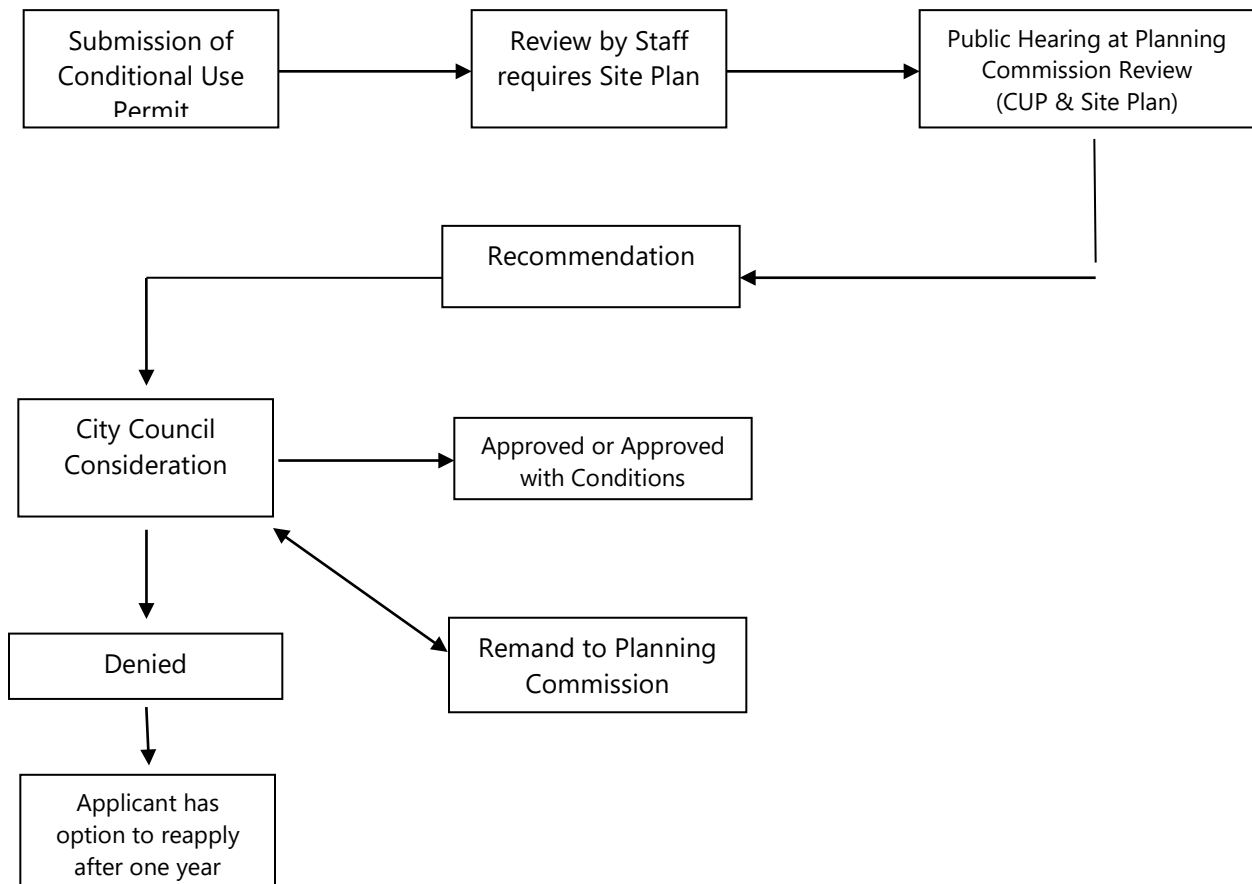
### CONDITIONAL USE PERMIT SUBMITTAL INFORMATION

**Minimum time to complete review process = 60 days**

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- A. Certified List of Property Owners.** The applicant shall furnish a certified list of all owners of record of lands located within at least 200 feet of the area proposed to be altered in the city limits; and the area of notification shall be extended to at least 1,000 feet in the unincorporated area when properties proposed to be altered are located adjacent to or outside of the city limits; or 1,000 feet in the growth area, of the area proposed to be zoned. The list shall include title owners of such property, their mailing addresses, and a legal description of their property. This information must be obtained through a title insurance company. Twenty days (20) prior to the hearing, the Zoning Administrator shall mail to all parties described, a copy of the published notice of the hearing.
- B. Neighborhood Meetings.** A pre-application meeting between the applicant and City Staff is required. This meeting will determine if a neighborhood meeting, between the applicant and owners of residential properties in close proximity to project, is necessary.
- C. Site Plan Application.** A Site Plan application must be submitted with every new Conditional use permit application.
- D. Submission of Application.** Complete submission of application, including signature by applicant on all documents, is required prior to scheduling on Planning Commission Agenda.



### SPRING HILL DEVELOPMENT APPLICATION FEES



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### Rezoning:

#### Residential

0 to 5 acres	\$ 350.00
5.1 to 10 acres	\$ 500.00
10.1 to 20 acres	\$ 600.00
20.1 or more acres	\$ 750.00

#### Commercial/Industrial

0 to 5 acres	\$ 700.00
5.1 to 15 acres	\$ 800.00
15.1 to 25 acres	\$ 950.00
25.1 or more acres	\$ 1,100.00

### Planned Zoning District:

Base Cost:	\$ 500.00
1 to 10 lots	\$ 8.00 per lot
11 to 50 lots	\$ 6.00 per lot
51 to 150 lots	\$ 4.00 per lot
151 lots to 500 lots	\$ 2.00 per lot
501 lots or more	\$ 1.00 per lot

### Preliminary Plat:

Base Cost:	\$ 300.00
1 to 10 lots	\$ 8.00 per lot
11 to 50 lots	\$ 6.00 per lot
51 to 150 lots	\$ 4.00 per lot
151 lots to 500 lots	\$ 2.00 per lot
501 lots or more	\$ 1.00 per lot

### Final Plat:

Base Cost:	\$ 300.00
1 to 10 lots	\$ 8.00 per lot
11 to 50 lots	\$ 6.00 per lot
51 to 150 lots	\$ 4.00 per lot
151 lots to 500 lots	\$ 2.00 per lot
501 lots or more	\$ 1.00 per lot

### Site Plan Review:

0 to 10,000 Sq. Ft.	\$ 600.00
10,001 to 25,000 Sq. Ft.	\$ 700.00
25,001 or more Sq. Ft.	\$ 800.00

**Conditional Use Permit Fee:** \$ 600.00