



Vehicle Restoration Permit Application

715 Railroad Street, Downs, KS 67437

(785) 454-6622; fax (785) 454-6246

cityclerk@cityofdowns.com

APPLICANT'S NAME: _____ PHONE: _____

ADDRESS: _____

E-MAIL: _____

LOCATION OF VEHICLE: _____

VEHICLE INFORMATION

Make: _____ Model: _____ Year: _____

Vehicle License # _____ State: _____ Expiration: _____

V.I.N.: _____

Application form must be accompanied by:

- Proof of Ownership
- Application Fee \$25

The vehicle must be stored in an enclosed building, or in the backyard at least 10 feet from the property line. The vehicle must be screened from public view or be properly covered with a tarp that is properly secured unless actively working on the vehicle.

I hereby certify that the above information is accurate and correct. I understand that at anytime I violate the nuisance ordinance this permit may be revoked. I will ensure that the approved permit is present in the vehicle during the restoration process.

Vehicle Owner's Name _____ (printed)

Vehicle Owner's Name _____ (signature)

Property owner's Name _____ (printed)

Property owner's Name _____ (signature)

Governing Body Signature

City Office Use Only:		
Date Submitted: _____	Date Reviewed by Council: _____	Permit #: _____
Date Approved: _____	Expiration of Permit: _____	