



Application for Special Exception to Zoning

715 Railroad Street, Downs, KS 67437

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

cityclerk@cityofdowns.com

Applicants Name: _____

Address: _____

Telephone: _____

Email: _____

Present Owner of Property: _____

Present Zoning: _____

Requested Zoning change: (circle one) Variance, Special Use Permit, or Special Exception

Property Description or location: Subdivision _____; Block _____; Lot No. _____
or Other Description: _____

Adjoining property

North _____

South _____

East _____

West _____

If changed, how will it affect adjoining property? _____

Reasons for request: _____

Additional Data or commented submitted: _____

If this is a zoning change request, attach a list of property owners within 200 feet of the area proposed to be changed. You may wish to seek legal counsel in filling out this application.

Fees: \$35.00 (Article XXIX, Ordinance 891)

Applicant's Signature

Application No. _____
Hearing Date: _____