



BOARD OF ZONING APPEALS – APPLICATION

INSTRUCTIONS TO APPLICANT

- 1) Applicant must complete attached application form. All blanks should be filled in and those not applicable should be noted as N/A.
- 2) All applications shall be accompanied by a current abstractor's certificate listing the names and addresses of the owners of all property within a 200-foot radius if inside the city limits and within a 1000-foot radius if outside the city limits, including the property for which the application is requested.
- 3) The applicant must submit a survey of the subject property, prepared by a Licensed Surveyor, with the completed application form.
- 4) The applicant must submit a statement, in writing, justifying the variance requested; indicating specifically the enforcement provisions of the zoning regulations from which variance is requested; and outlining in detail the manner in which it is believed that this application will meet each of the five conditions as set out by State Statute. The applicant's statement shall contain remarks pertaining to each of the said five conditions and the conditions are as follows:
 - A) Uniqueness: The variance requested arises from such condition which is unique to the property in question and which is not ordinarily found in the same zone or district; and is not created by an action or actions of the property owner or applicant.
 - B) Adjacent Property: The granting of the permit for the variance will not adversely affect the rights of the adjacent property owners or residents.
 - C) Hardship: The strict application of the provisions of the zoning ordinance of which the variance is requested will constitute unnecessary hardship upon the property owner represented in the application.
 - D) Public Interest: The variance desired will not adversely affect the public health, safety, morals, order, convenience, prosperity or general welfare.
 - E) Spirit and Intent of the Zoning Regulations: The granting of the variance desired will not be opposed to the general spirit and intent of the zoning regulations.
- 5) The applicant must submit a sketch, in duplicate, drawn to scale and showing the lot or lots included in the application, the structures existing thereon; and the structures contemplated necessitating the variance requested. All appropriate dimensions should be included and any other information which would be helpful to the Board of Zoning Appeals in consideration of the application.
- 6) _____ The Board of Zoning Appeals meets as required. Meetings occur on Thursdays at 8:15 a.m. in the Council Chambers at City Hall. **A notice of the scheduled Board of Zoning Appeals meeting must be published in the Wellington Daily News at least twenty (20) days prior to the meeting date. Due to requirements established in K.S.A. 12-759, please allow 30 – 45 days from the time the application is received until the hearing takes place.**



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- 7) The above-listed documents together with the fee of \$100.00 shall be submitted to the office of the Zoning Administrator.

APPLICATION FOR VARIANCE/SPECIAL USE PERMIT

1) Name of Applicant _____

Mailing Address _____ Phone # _____

Name of Authorized Agent _____

Mailing Address _____ Phone# _____

Relationship of applicant to property is that of _____
(Owner, Tenant, Lessee, Other)

2) The variance/special use permit requested is:

for property located at _____
and legally described as _____
in _____ (City); and which is presently zoned _____

(Give metes and bounds description below or on attached sheet):

- 3) The applicant herein, or his authorized agent, acknowledges:
- A) That he/she has received an instruction sheet concerning the filing and hearing of this matter.
 - B) That he/she has been advised of the fee requirements established; and that the appropriate fee is herewith tendered.
 - C) That he/she has been advised of his/her right to appeal the decision of the Board of the District Court.



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Applicant Signature

Authorized Agent

OFFICE USE ONLY

Received in the office of the Zoning Administrator with the appropriate fee of \$100.00

Date: ____ / ____ / ____

Time: _____ (A.M.) (P.M.)

Case No. _____

NAME

TITLE