

**CITY OF CARBONDALE, KANSAS
ZONING BOARD OF APPEAL
ADMINISTRATIVE DECISION**

234 Main
P.O. Box 70
Carbondale, KS 66414

Fee: \$50.00
Date Paid: _____

For Office Use Only

Case No.: _____
Filing Fee: _____
Date Advertised: _____
Board of Zoning Appeals Decision: _____

APPLICANT: _____ PHONE: _____
ADDRESS: _____ ZIP: _____

OWNER: _____ PHONE: _____
ADDRESS: _____ ZIP: _____

LOCATION OF PROPERTY: _____

LEGAL DESCRIPTION (Please use the legal description off property deed):

Date applicant met with Zoning Administrator _____

Section of Zoning Ordinance Being Appealed: _____

Explanation of Decision Being Appealed:

Present Use of Property: _____

Proposed Use of Property: _____

Is a drawing required? _____ Yes _____ No
Is a list of adjoining property owners required? _____ Yes _____ No

APPLICANT'S SIGNATURE: _____ DATE: _____

City of Carbondale, Kansas
ZONING APPEAL OF ADMINISTRATIVE DECISION

~ This Section is for City Use Only ~

Date of Hearing _____

Approved _____ Denied _____

Comments:

Planning Commission Chairperson

Planning Commission Member

Planning Commission Member

Planning Commission Member

Planning Commission Member