

FEE: _____

OFFICIAL
ZONING PERMIT
CARBONDALE, KANSAS

PERMIT NO. _____
DATE ISSUED: _____

DATE RECEIVED: _____

IN ACCORDANCE WITH THE PLANNING AND ZONING REGULATIONS, CARBONDALE, KANSAS, OSAGE COUNTY, KANSAS
AND IN COMPLIANCE WITH THE APPROVED APPLICATION.

NAME: _____ PHONE NUMBER _____

ADDRESS: _____

LEGAL DESCRIPTION: _____

FILL IN ONLY THE SECTION PERTAINING TO WHAT YOU ARE DOING

SIGNS

TO ERECT A SIGN _____ TO ALTER A SIGN _____
 TEMPORARY SIGN TYPE: _____
DATE OF USE: _____ FROM _____ TO _____

BUILDINGS

TO ERECT OR PLACE AN ACCESSORY BUILDING) (STORAGE SHED, PLAY HOUSE, GARAGE, ETC) _____
 TO ERECT A COMMERCIAL &/OR MULTI FAMILY DWELLING AT: _____
____ SITE BUILT ____ MANUFACTURED HOUSE ____ MODULAR ____ RESIDENTIAL DESIGN
 TO ERECT A SINGLE FAMILY/DUPLEX DWELLING AT : _____
____ SITE BUILT ____ MANUFACTURED HOUSE ____ MODULAR ____ RESIDENTIAL DESIGN

REZONING, RELOCATION, OTHER

TO REZONE FROM : _____ TO: _____
 TO RELOCATE A BUILDING TO: _____
 OTHER: _____
(Give explanation)

SAID PERMIT SHALL BE VALID FOR ONE (1) YEAR FROM THE DATE OF ISSUANCE. UPON COMPLETION APPLICANT SHALL NOTIFY THE ZONING ADMINISTRATOR IN WRITING OF SAID COMPLETION.

See Definitions before using these.

<input type="checkbox"/> SPECIAL USE	OFFICIAL USE ONLY
	_____ Give specific use
<input type="checkbox"/> CONDITIONAL USE	_____ Give specific use
<input type="checkbox"/> NON CONFORMING USE:	_____ Give specific use
<input type="checkbox"/> TEMPORARY USE	_____ Give specific use

APPROVED

DENIED

OWNER'S SIGNATURE _____

ZONING ADMINISTRATOR _____ DATE _____

ADDRESS _____

MAYOR _____ DATE _____

This permit is subject to the issuance of an Occupancy Use Permit. Failure to secure the same may result in the enforcement of a penalty for violation.

CITY OF CARBONDALE, KANSAS
SIGN PERMIT APPLICATION

234 Main
Box 70
Carbondale, KS 66414

Date Paid: _____

Property Owner's Name _____

Property Address _____

Owner's Phone No. _____

Number of Stories on Building: _____

Contractor: _____

Contractor's address: _____

Contractor's Phone No: _____

Job Supervisor: _____

ALL SIGN PERMITS REQUIRE A SKETCH OF SIGN, INCLUDING DIMENSIONS, AND A SITE PLAN MUST ACCOMPANY PERMIT INFORMATION. FOR DOUBLE FACEDS SIGNS - CHARGE FOR ONE SIDE ONLY WITH A MAXIMUM OF \$50.00 PER SIDE.

STANDARD SIGN:

BASE FEE: \$25.00

SIGN FACE CHANGE ONLY:

FEE \$25.00

OFFICE USE ONLY

APPROVED

DENIED

Comments of Zoning Administrator:

Date: _____

Signed: _____
Zoning Administrator

Mayor

APPLICATION FOR
ZONING PERMIT
CARBONDALE, KANSAS

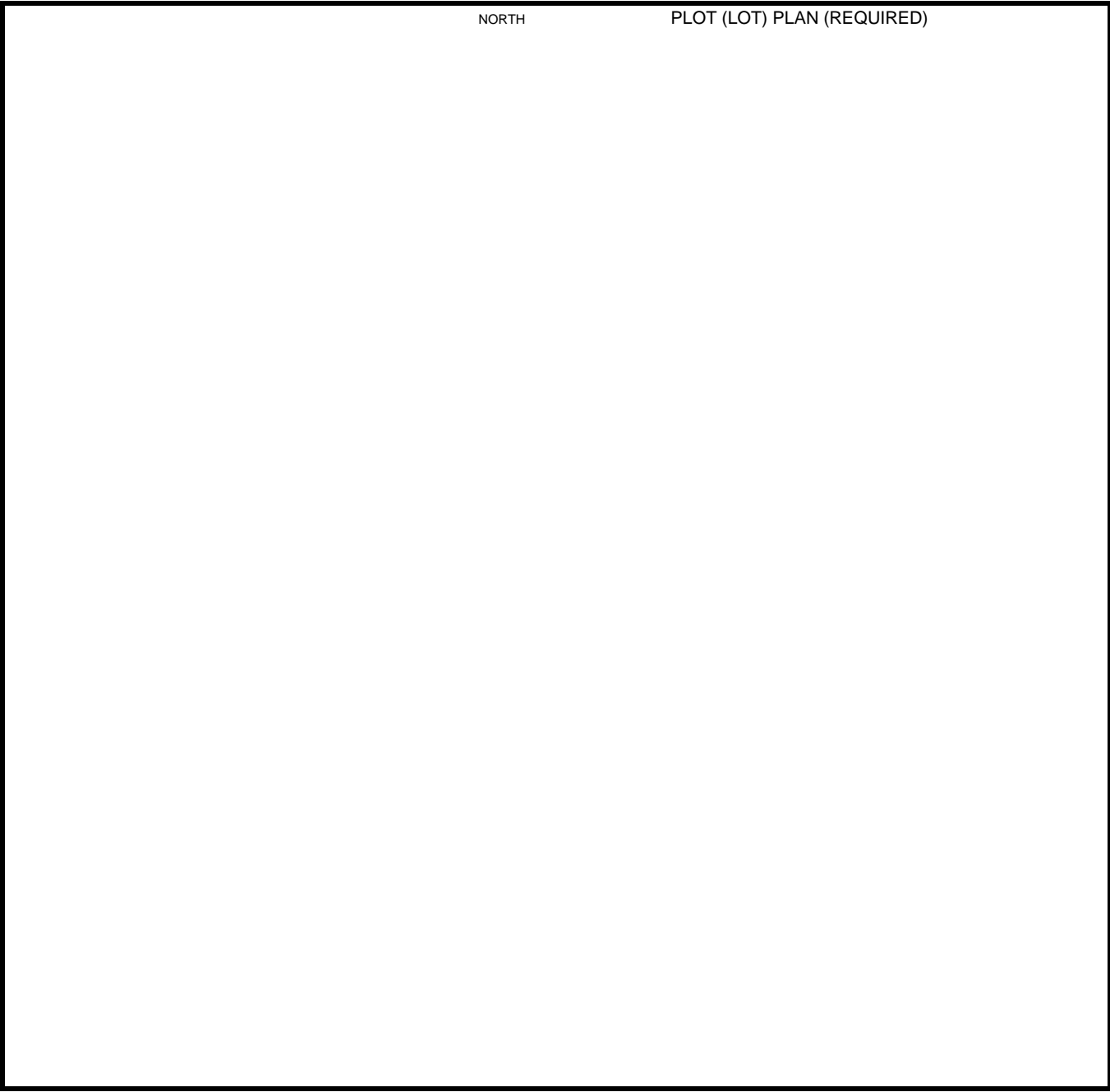
NAME OF OWNER: _____

ADDRESS: _____

LEGAL DESCRIPTION: _____

NORTH

PLOT (LOT) PLAN (REQUIRED)



SOUTH

1. Indicate the location of the structure of the lot, including lot dimension, building set back and structure dimensions, **height of structure, street name, location of sewer line, gas line, water line and any buried cables. Property pins must be located and marked**

I HEREBY ACKNOWLEDGE THAT INFORMATION PRESENTED IS CORRECT AND THAT I WILL COMPLY WITH ALL APPLICABLE REGULATIONS OF THE CITY OF CARBONDALE, KANSAS

SIGNATURE OF PROPERTY OWNER

PRESENT ADDRESS

PHONE NO.