

**CITY OF MERRIAM, KANSAS
COMMUNITY DEVELOPMENT DEPARTMENT**

APPLICATION FOR A SPECIAL USE PERMIT

OWNER INFORMATION:

Name: _____

Mailing Address: _____

Business Phone: _____

Home Phone: _____

PROPERTY INFORMATION:

Street Address of Property: _____

Legal Description: _____

ZONING INFORMATION:

Present Zoning Classification: _____

Special Use Permit Requested for: _____

Attach Separate Sheets as Necessary to Provide Full Details Regarding the Requested Special Use

OWNER'S REPRESENTATIVE: (If Other Than The Property Owner)

Name and Address of Owner's _____

Representative or Agent (if any) _____

Telephone: _____

SIGNATURE OF OWNER OF PROPERTY

DATE

FOR OFFICE USE ONLY

Application Number _____

Fee Paid \$ _____

Publication of Notice _____

Public Hearing Date _____