

City of Ottawa Community Development Department

101 S. Hickory, P.O. Box 60
Ottawa, KS 66067
Phone (785) 229-3620 Fax (785) 229-3625
www.ottawaks.gov

Nonconforming Use Change Application

Fee: \$50.00

Date Filed: _____ Zoning District: _____

I. Name of Owner: _____
Address: _____
Phone: _____
E-Mail Address: _____
Name of Authorized Agent: _____
Address: _____
Phone: _____
E-Mail Address: _____

2. Address of Property: _____

3. Legal description: _____

4. Present use of property: _____

5. Zoning and existing land use of adjacent properties.

Land Use	Zoning
North	North
South	South
East	East
West	West

6. Describe the proposed change in the nonconforming use **in detail** (Attach additional sheet if necessary): _____

7. Will the proposed use create more or less of the following? Explain why it will be more or less.

Noise: _____ Explain: _____

Odor: _____ Explain: _____

Traffic: _____ Explain: _____

Parking: _____ Explain: _____

8. Please include a sketch of the existing buildings, plus any proposed changes, parking areas, driveways, fences and landscaping.

9. The applicant/agent hereby declares that all information above is true to the best of my knowledge, that all conditions and standards set out in the Zoning Ordinance pertaining to this use have been or have been proposed to be met, and that along with this application, **sketch maps**, the appropriate review and **filing fee** have been submitted.

Owner/Authorized Agent

Signature of Owner or Authorized Agent

Date

Planning Commission Public Hearing Date: _____
City Commission Target Hearing Date: _____

**An Application Shall Not Be Processed Unless It Has Been Fully Completed
the Fee Paid and All Required Information Submitted**