City of Cherryvale
123 W. Main St.
Cherryvale, KS 67335
(620) 336-2776

For Official Use Only:
Case Number:
Date Filed:
Date Fee Paid:
City Receipt:
Date of Hearing:
Date Published:

APPLICATION FOR HEARING BY THE BOARD OF ZONING APPEALS

Applicant Name:_____ Date:_____
Applicant Address:_____
_____
_____

The following are my specific reason(s) for requesting a hearing:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

This application shall be accompanied by a check for $250.00 (payable to the City of Cherryvale) and a verifiable list of all property owners and their addresses that are within 200 feet of the request (1,000 feet if property adjoins the City Limits)

_____
Signature of Applicant

(see attached for additional information)