

APPLICATION FOR CONDITIONAL USE PERMIT

This is an application for a Conditional Use Permit. The form must be completed and filed at the office of the Zoning Administrator in accordance with directions on the accompanying instruction sheet.

AN INCOMPLETE APPLICATION CANNOT BE ACCEPTED.

1. Name of applicant or applicants (owner (s) and/or their agent (s)). All owners of all property requested to be rezoned must be listed on this form.

A. Applicant/Owner Rise Broadband on behalf of Arlen and Brenda Palmer
Address 1485 Kanza Rd., Hillsboro, KS 67063 Phone 815-544-1157
Agent Troy Held
Address 3250 S. Alpine Rd., Rockford, IL 61108 Phone 815-566-4052

B. Applicant/Owner _____
Address _____ Phone _____
Agent _____
Address _____ Phone _____

C. Applicant/Owner _____
Address _____ Phone _____
Agent _____
Address _____ Phone _____

2. The applicant hereby requests an exception as a conditional use permit for the purpose of establishing a Communications tower
_____ on property legally described as Lot(s) _____ Block(s) _____ of the _____ Addition.

(Metes and bounds descriptions shall be provided in the space below or on an attached sheet.)

S26, T20, R02, ACRES 71.49, N/2 NE/4 EXC BEG NE/C NE/4 S 599.43' W 493.07' N 599.45'
TO N LI NE/4 E 489.01' TO POB LESS ROW Deed Book/Page M193/18 414 /787

3. Development plan included?

☒ Yes

☐ No

4. The general location may be described as 1485 Kanza, Hillsboro, KS

5. I request this conditional used permit for the following reasons: _____
Build an 80' communications tower at GPS coordinates 38.289030,-97.171043.

6. I (we), the applicant(s), acknowledge receipt of the instruction sheet explaining the method of submitting this application. I (we) realize that this application cannot be processed unless it is completely filled in; is accompanied by an ariel photo as required in the instruction sheet; and is accompanied by the appropriate fee.

Signature of Record Land Owner: (Use separate sheet if necessary for names of additional owners/applicants.)

Rise Broadband
(Owner)

(Owner)

(Owner)

(Owner)

By Troy Held, Technical Program Manager
Authorized Agent (if any)

By _____
Authorized Agent (if any)

7. Office Use Only:

This application was received at the office of the Zoning Administrator at _____ (__.M.) on _____
It has been checked and found to be completed and accompanied by required documents and the appropriate fee of \$200.00

Planning & Zoning Assistant

Date

Planning & Zoning Director

Date

Case Number: _____

Date of Public Hearing: _____

Date of Approval/Disapproval by Planning Commission: _____

Date of Recommendation to the County Commission: _____

Date of County Action: _____