

# Special Use Permit Application

**OVERLAND PARK**

K A N S A S

ABOVE AND BEYOND. BY DESIGN.

## Current Planning Division

Planning and Development Services Department  
8500 Santa Fe Drive - Overland Park, KS 66212  
913/895-6217 - Fax 913/895-5013  
E-mail: pod@opkansas.org

Planning and Development Services Department

www.opkansas.org

Address/Vicinity: \_\_\_\_\_

Purpose of Special Use Permit: \_\_\_\_\_

Requested Length of Time: \_\_\_\_\_ Current Zoning: \_\_\_\_\_

Real Estate Parcel ID Number: \_\_\_\_\_

Adjacent Thoroughfares: \_\_\_\_\_

Legal Description: \_\_\_\_\_

Legal description attached:  Yes  No **Application Fee:** \_\_\_\_\_  
*(Electronic version required)* *(Fee schedule on back)*

### APPLICANT

Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

### OWNER

Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

### ARCHITECT

Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

### ENGINEER

Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

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## FEE SCHEDULES

### SPECIAL USE PERMIT

Tract Size	Fee
0 - 10 Acres	\$375
10.1 - 20 Acres	\$500
20.1 - 50 Acres	\$625
50.1 - up	\$750

### EXCEPTIONS FEE \$ 50

Special Use Permits for the keeping of horses, ponies, cows, chickens, or other animals on less than 3 acres,

**and**

Group care homes including day care, pre-school and private kindergartens.

### IMPORTANT NOTE

The applicant is also responsible for the cost of publishing the Special Use Permit ordinance after City Council approval.

### DURATION TABLE FOR TEMPORARY SPECIAL USE PERMITS

Special Use Permit	Initial Duration	Renewal Duration
Communication Tower	5 years	10 Years
Temporary Commercial Use <i>In an Industrial District</i>	2 Years	N/A
Drinking Establishment	3 Years	5 Years
Club/Dance Hall	1 Year	N/A

# Application Cover Sheet



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### TYPE OF APPLICATION:

REZONING

PRELIMINARY PLAN

SPECIAL USE PERMIT

PRELIMINARY PLAT

PROJECT NAME \_\_\_\_\_

PROJECT ADDRESS / LOCATION \_\_\_\_\_

### PROJECT DATA

Proposed Zoning/Use \_\_\_\_\_

Current Zoning \_\_\_\_\_ Land Area (Acres) \_\_\_\_\_

Density (Residential) \_\_\_\_\_ Total Units \_\_\_\_\_ Units Per Acre \_\_\_\_\_

Density (Non-residential) \_\_\_\_\_ Square Footage \_\_\_\_\_ FAR (Floor Area Ratio) \_\_\_\_\_

Master Plan Designation \_\_\_\_\_

Deviations \_\_\_\_\_

### PRE-APPLICATION MEETING

Is a neighborhood meeting scheduled?  Yes  No \_\_\_\_\_  
*If yes, place and date.*

Was a pre-application meeting held?  Yes  No \_\_\_\_\_  
*If yes, place and date.*

If a meeting was held, include the names of those that were present:

Applicant \_\_\_\_\_ Staff \_\_\_\_\_

Developer \_\_\_\_\_ Staff \_\_\_\_\_

Architect \_\_\_\_\_ Staff \_\_\_\_\_

Engineer \_\_\_\_\_ Staff \_\_\_\_\_

Other \_\_\_\_\_ Staff \_\_\_\_\_

### REQUIRED STUDIES

Are studies required with your application?  Yes  No

If yes, which ones are they included with your application?

Storm Water Management Study (Check if included)

Traffic Study (Check if included)

### OTHER REQUIREMENTS (Must be included with application)

CD with all site plans in PDF format, labeled with project name

Five sets of drawings (Refer to checklist)

Electronic copy of legal description (Rezoning and Special Use Permits)

Other \_\_\_\_\_