



City of Newton, Kansas
Special Use Permit Application
Bed and Breakfast

For Office Use Only
Date Received: _____
Meeting Date: _____

201 E 6th St, PO Box 426, Newton KS 67114-0426
 Phone: 316-284-6020

Completed applications are due on the first Tuesday of the month by 5:00 pm. in order to be processed for the following month. Please bring the application and supporting documentation to: **Engineering Department**, located at 201 E 6th St. For more information, call (316) 284-6020 or visit www.newtonkansas.com.

I. Applicants Information	
Applicant: _____	Contact Name: _____
Address: _____	Telephone No.: _____
	Fax No.: _____
City, St, Zip _____	Email Address: _____
II. Project Details	
Occupant Capacity Including Residential Staff:	1-5 6-15 16+
Occupant Rent Requirement:	Yes No
Estimated Rent: _____	Daily Weekly Monthly
Facility Hours: 24-Hour Other _____	
Supervisory Hours: 24-Hour Other _____	
III. Property Information	
Current Zoning: _____	Current Use: _____
Address: _____	
Attached: <input type="checkbox"/> Legal Description - <i>Must be prepared by a title company</i> One copy of Property Ownership list lying within 200' feet of the outer limits of the land in question and 1000' in the county if any portion of the subject property touches the County.	
<input type="checkbox"/> Site Plan(s) - Illustrating the nature and location of the existing or proposed improvements to the prosed site, including the location and extent of any accessory structures, parking facilities, playgrounds and other recreational facilities, and other exterior features and accommodations. <ul style="list-style-type: none"> <input type="checkbox"/> Plan drawn to a reasonable scale [engineer's scale (1" - 20') or architect's scale (1/8" = 1')] <input type="checkbox"/> North arrow <input type="checkbox"/> Street name(s) abutting the site <input type="checkbox"/> Access from streets (proposed and existing) <input type="checkbox"/> Off-street parking accommodations (proposed and existing) <input type="checkbox"/> Existing number of off-street parking accommodations: _____ <input type="checkbox"/> Proposed number of off-street parking accommodations: _____ <input type="checkbox"/> Interior drives and service areas (proposed and existing) <input type="checkbox"/> All proposed signs <input type="checkbox"/> Property address, parcel ID, and dimensions <input type="checkbox"/> Building limit lines <input type="checkbox"/> Landscape areas <input type="checkbox"/> Approximate size and location of improvements on the property (proposed and existing) and on surrounding properties (existing) <input type="checkbox"/> Photographs of the subject area from all angles 	

○ For public accommodation: _____ * (See note below)

○ For private use of permanent occupants: _____

* [Note: If you are requesting permission to maintain more than four sleeping rooms for public accommodation, you must attach a statement describing the special circumstance or unique characteristics that you assert as being present which would justify the number requested.]

- **Interior Floor Plan(s)** - Showing sleeping areas, common areas, bathrooms, emergency exits, service facilities (such as food preparation areas, laundry facility, etc.)
 - Existing layout of interior rooms and spaces, with an identification of the present use of each.
 - Proposed layout of interior rooms and spaces, with an identification of the proposed use of each.
- **Facilities Management Plan** - Which at a minimum must include the following:
 - Narrative description of the nature and characteristics of the use and descriptions of all services provided.
 - Identification of any restrictions on the nature of the facility occupants/clientele and a description of any screening procedures to be utilized in that regard.
 - Rules of conduct for guests/residents.
 - Outline of Staffing requirements, to include both paid staff and volunteers, and identification of any staff education, training, or credentialing requirements.
 - Schedule of hours of operation.
 - Maintenance plan that establishes standards for regular building and site maintenance, including removal of litter.
 - Communications plan that establishes how the shelter will regularly communicate with neighbors and police.
 - Response plan for emergencies that may occur at the site.
 - Loitering control plan.
- **Fee** (Visa, Mastercard, cash, or check made payable to City of Newton) Application fee: \$100

IV. Special Use Justification *(Standards for Issuance of Special Use Permits)*

In order to justify approval of any special use application, the Joint Board of Zoning Appeals considers the following criteria. Please answer all the following items. Use additional sheets if needed.

Before any permit shall be granted the Planning Commission shall make written findings to the City Commission to certify that adequate provision has been made for the following:

A. The proposal is in keeping with the character of the neighborhood.

Commentary:

B. The zoning uses of nearby properties.

Commentary:

C. The suitability of the property for the uses to which it is restricted.

Commentary:

D. The extent to which the change will detrimentally affect nearby property.

Commentary:

E. The length of time the property has been vacant as zoned.

Commentary:

F. The gain to the public health, safety and welfare made possible by the loss in value of the plaintiff's property compared to the hardship imposed on the plaintiff if their request were denied.

Commentary:

G. Accessibility of the property to police, fire, refuse collection and other municipal services; adequacy of ingress and egress to and within the site; traffic flow and control; and the adequacy of off-street parking and loading areas.

Commentary:

H. Utilities and services, including water, sewer, drainage, gas, and electricity, with particular reference to location, availability, capacity and compatibility.

Commentary:

I. The location, nature, and height of buildings, walls, fences, and other improvements; their relation to adjacent property and uses; and the need for buffering or screening.

Commentary:

J. The adequacy of required yard and open space requirement and sign provisions.

Commentary:

K. The general compatibility with adjacent properties, other properties in the district, and the general safety, health, comfort, and general welfare of the community.

Commentary:

L. The standards and requirements as prescribed in Section 4.5 of this Article.

Commentary:

V. Owner Signature(s) *(Signature of owner is **required** for consent to the application.)*

By signing below I acknowledge that I have fully read and understand Zoning Regulation Article 4. I understand that if I have any questions or concerns about this regulation, it is my responsibility to discuss this with the city prior to signing.

Owner: _____

Owner: _____

State of _____, County of _____ ss:

BE IT REMEMBERED, That on this _____ day of _____ 20_____, before me, the undersigned, and Notary Public in and for the County and State aforesaid, came _____ and _____, personally known to me to be the persons who executed the within instrument of writing, and such persons duly acknowledges execution of the same.

IN WITNESS WHEREOF, I have hereunto set my hand affixed my seal the day and year last above written.

My Commission expires: _____ Notary Public: _____