

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:

\_\_\_\_\_  
\_\_\_\_\_  
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This application shall be accompanied by a check for \$25.00 (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.

\_\_\_\_\_  
Signature of Applicant

(see attached for additional information)