

Application No. \_\_\_\_\_

Date: \_\_\_\_\_

## LYON COUNTY ZONING PERMITTED USE PERMIT

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Name of Owner:	Phone:
Mailing Address:	S-T-R:
EMAIL:	Planning Commission Mtg Date:
Site address:	Administrative Approval <input type="radio"/> YES <input type="radio"/> NO
Legal Description:	

The Permit is (granted/granted in part) and subject to the following:

Permits are issued with the understanding that all work performed be in accordance with the application and in compliance with the Lyon County Zoning Regulations and relevant Laws of the State of Kansas and subject to the conditions stated above.

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**OFFICE USE ONLY:**

Permitted Use Permit    Issued    Denied:

By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for denial: