Receipt #

MARION COUNTY, KANSAS
APPLICATION FOR ACCESSORY USE (INCLUDING AG EXEMPT)

1.	Permit Application #	Date:
2.	Name of Applicant:	Phone:
	Address:	
3.	911 Property Address:	
4.	Legal Description:	
	Following description and in conformance with all provis	
5.	Is the property located within a designated floodplain:	(Yes) (No)
6.	Is the property located within a watershed dam breach	area: (Yes) (No)
7.	Existing Use:	Proposed Use:
8.	Lot or Tract Information: 9.	Sanitarian Information:
	Street Frontage	Sewer System Approved by Health Department? (Yes) (No)
	Width	
	Depth	Water System Approved by Health Department? (Yes) (No)
	Area	
10.	Building Information:	
	Width	
	Depth	Floor Area (sq. ft.)
	Height	Total % of Lot Coverage
	Floors (Numbers)	If residential, number of dwelling units:
11.	Setback Information (in feet):	
	ACTUAL	
	To be filled out by a	Applicant To be Filled out by Zoning Director
	Front Yard	
	Side Yard	
	Rear Yard	
	Off Street Parking	
12.	Estimated Project Cost:	
13.	Contractor Name:	
14.	If Mobile Home: Make	Model Year

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