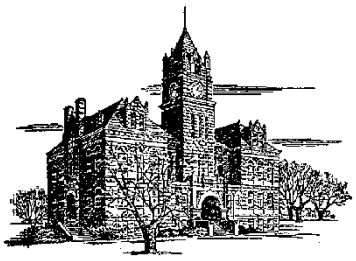

Marion County
Planning, Zoning
Environmental Health
203 S. Third St
Marion, KS 66861
620-382-2945

APPLICATION FOR CONDITIONAL USE PERMIT

This is an application for a Conditional Use Permit. The form must be completed and filed at the office of the Zoning Administrator in accordance with directions on the accompanying instruction sheet.

AN INCOMPLETE APPLICATION CANNOT BE ACCEPTED.

1. Name of applicant or applicants (owner (s) and/or their agent (s). All owners of all property requested to be rezoned must be listed on this form.

A. Applicant/Owner _____
Address _____ Phone _____
Agent _____
Address _____ Phone _____

B. Applicant/Owner _____
Address _____ Phone _____
Agent _____
Address _____ Phone _____

C. Applicant/Owner _____
Address _____ Phone _____
Agent _____
Address _____ Phone _____

2. The applicant hereby requests an exception as a conditional use permit for the purpose of establishing a _____
_____
on property legally described as Lot(s) _____ Block(s) _____ of the _____ Addition.

(Metes and bounds descriptions shall be provided in the space below or on an attached sheet.)

_____
_____
_____
_____
_____
_____

3. Development plan included? Yes No

4. The general location may be described as _____
_____
_____
_____

5. I request this conditional used permit for the following reasons: _____
_____
_____
_____
_____

6. I (we), the applicant(s), acknowledge receipt of the instruction sheet explaining the method of submitting this application. I (we) realize that this application cannot be processed unless it is completely filled in; is accompanied by an ariel photo as required in the instruction sheet; and is accompanied by the appropriate fee.

Signature of Record Land Owner: (Use separate sheet if necessary for names of additional owners/applicants.)

_____ _____
(Owner) (Owner)

_____ _____
(Owner) (Owner)

By_____ By_____
Authorized Agent (if any) Authorized Agent (if any)

7. Office Use Only:

This application was received at the office of the Zoning Administrator at _____ (__.M.) on _____. It has been checked and found to be completed and accompanied by required documents and the appropriate fee of $200.00.

_____ _____
Planning & Zoning Assistant Date

_____ _____
Planning & Zoning Director Date

Date of Public Hearing: _____

Date of Approval/Disapproval by Planning Commission: _____

Date of Recommendation to the County Commission: _____

Date of County Action: _____