

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 Expedition Wind, LLC
Address 1907 Wayzata Blvd. Ste 220, Wayzata, MN 55391 Phone 952-473-7500
Agent Patrick Pelstring
Address 1907 Wayzata Blvd. Ste 220, Wayzata, MN 55391 Phone 952-473-7500

B. Applicant/Owner Cedar Springs Trust
Address PO Box 25, Florence, KS 66851 Phone 316-706-1862
Agent Matthew & Kelley Spencer
Address PO Box 25, Florence, KS 66851 Phone 316-706-1862

C. Applicant/Owner Randy & Kelli Savage
Address 2413 US-50, Florence, KS 66851 Phone 620-382-7835
Agent _____
Address _____ Phone _____

2. The applicant hereby requests an exception as a conditional use permit for the purpose of establishing a Wind Energy Conversion System

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.)

Attachment 2

3. Development plan included?

☒ Yes

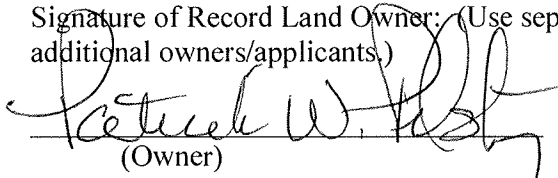
No

4. The general location may be described as part of Section 13, Township 21, Range 4 and
part of Section 18, Township 21, Range 5, all in Marion County, Kansas.

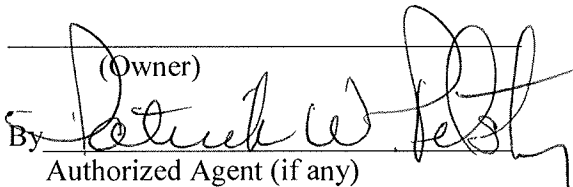
5. I request this conditional used permit for the following reasons: _____
Approval for a Wind Energy Conversion System

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)


By _____
Authorized Agent (if any)

(Owner)

By _____
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

Case Number: _____

Date of Public Hearing: _____

Date of Approval/Disapproval by Planning Commission: _____

Date of Recommendation to the County Commission: _____

Date of County Action: _____