



MARION COUNTY COURTHOUSE

MARION COUNTY KANSAS
OFFICE OF THE PLANNING COMMISSION

P.O. BOX 157
MARION, KANSAS 66861
PHONE (316) 382-2550
1-800-613-3080 (Toll Free From Area Code 316)
1-800-305-8848 (Toll Free From Area Code 785)

APPLICATION FOR CHANGE OF ZONING CLASSIFICATION (REZONING)

This is an application for change of zoning classification (rezoning). 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 Howard D & Norma J. Schmidt
Address 1631 Falcon Phone 680-367-2733
Agent
Address Phone

B. Applicant/Owner
Address Phone
Agent
Address Phone

C. Applicant/Owner
Address Phone
Agent
Address Phone

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

2. The applicant hereby requests a change of zone from A zoning district to RR zoning district for 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.)

RT DE 13-20-1

3. The dimensions of the property are \_\_\_\_\_ feet by \_\_\_\_\_ feet and 10 acres or \_\_\_\_\_ square feet in area.

4. The general location may be described as: At Hillsboro KS - 4 way Stop  
on Dot & then 3 miles East then 2 Miles South  
then 1/2 mile West on 160 road.

5. I request this change in zoning for the following reasons. (Do not include reference to proposed uses for a rezoning.) To change from farm to  
residential

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.

Norma J. Schmitt  
(Owner)

\_\_\_\_\_  
(Owner)

By \_\_\_\_\_  
Authorized Agent (if any)

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 \$75.00.

\_\_\_\_\_  
Planning & Zoning Assistant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Planning & Zoning Director

\_\_\_\_\_  
Date