



MARION COUNTY KANSAS OFFICE OF THE PLANNING COMMISSION

P.O. BOX 167
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)

RECEIVED

JUL 24 2002

Marion County
Health Department

APPLICATION FOR VARIANCE FROM ZONING REGULATIONS

This is an application for a variance. 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 requesting a variance must be listed on this form.

- A. Applicant/Owner KAREN M. HUMPHREYS
 Address #58 LAKESHORE DR. Phone 620-382-3515
MARION, KS 66861 (AND)
 Address 1440 GATEWOOD #29 Phone 316-634-2520 (H)
WICHITA, KS 67206 316-269-6164 (W)
- B. Applicant/Owner SHARON A. WERNER
 Address SAME AS ABOVE Phone SAME
 Address _____ Phone 316-269-2006 (W)
- C. Applicant/Owner _____
 Address _____ Phone _____
 Agent _____
 Address _____ Phone _____

Signature of Record Land Owner: Karen M. Humphreys & Sharon A. Werner
(Use separate sheet if necessary for names of additional owners/applicants.)

2. Application is made for a variance as provided for in Section 25-103 of the Zoning Regulations to permit (described the request). Construction of retaining wall on west boundary line per drawings by Reuben Zerger. (separation distance and height)

for property located at: 58 LAKESHORE DR., MARION, KS. 66861

and legally described as: North 15 feet of Lot 25 and all Lot 24, Lakeside Addition, adjacent to the Marion Co. Park + Lake, Marion Co., Ks
in the County which is presently zoned as the V-1 District.

3. 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. * below.

Karen M. Humphrey
(Owner)

Shawn G. Staver
(Owner)

By July 23, 2002
Authorized Agent (if any)

By July 23, 2002
Authorized Agent (if any)

4. 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

* Fee mailed to Co. Treasurer on 7/22/02.

** Register of Deeds, Faye Makover, placed copy of deed in folder for Office of the Planning Commission on 7/23/02

*** Aerial photo Not available from ASCS office. Photo attached taken from internet via terraserver web site.