



MARION COUNTY COURTHOUSE

MARION COUNTY KANSAS
OFFICE OF THE PLANNING COMMISSION

P.O. BOX 157
MARION, KANSAS 66861
PHONE (620) 382-2550
Toll Free 1-800-305-8848

SHORT-FORM PLAT LOT SPLIT APPLICATION

This 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 the Lot Split(s) must be listed on this form.

A. Applicant/Owner ROBERT B. GAYLE SR.
Address 226 GRANDVIEW Phone 620-878-4356
Agent _____
Address FLORENCE #3 66851 Phone _____

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

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

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

1. General Location of Property:
1 mile SO. OF FLORENCE EAST of 77 Hwy,

2. Legal Description of Property: Part of N-W 1/4 of Sec 18
Township 21 South Range 5 East of the 6th P.M.,
Marion Co, Ks

3. Existing Zoning of Property: AR.

4. Gross Property Acreage: 53.5

5. Existing Street Right-of-Way Width: None

6. Proposed Dimensions of the Lot(s):

Tract A: 10 ACRES ft. By _____ ft. Tract B: _____ ft. By _____ ft.

7. Proposed Lot(s) Frontage:

Tract A: 650 ft. Tract B: _____ ft.

8. Proposed Lot(s) Area:

Tract A: 10 Acres Tract B: _____ Acres

9. Is there a public water supply available to serve the proposed Lot(s)?

Yes _____ NO X

10. Is there a public sanitary sewer available to serve the proposed Lot(s)?

Yes _____ NO X

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Yes

11. Will the proposed Lot(s) be directly accessed by a public gravel or paved road?

Yes _____ NO X

12. Does the proposed Lot(s) contain an existing residence?

Yes _____ NO X

13. Is a new street or alley required or proposed?

Yes _____ NO X

14. Is a vacation of streets, alleys, setback lines, access control or easements required or proposed?

Yes _____ NO X

15. Has this Lot been previously split?

Yes _____ NO X

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 nine copies of a scale drawing and a legal description of the lots involved including the location of any existing structures as required in the county subdivision regulations; further the agricultural disclaimer as set forth in the county comprehensive plan is attached to the scale drawing and legal description; and is accompanied by the appropriate fee. Further the owner herein agrees to comply with the Marion County, Kansas Subdivision Regulations and all other pertinent Orders or Resolutions of the County as are determined to be applicable, and the Statutes of the State of Kansas. It is agreed that all costs of recording the Lot Split and supplemental documents thereto with the Register of Deeds shall be assumed and paid by the owner when billed. The undersigned further states that he/she is the owner of the property proposed for the lot split.

None
Authorized Agent (if any)

None
Authorized Agent (if any)

Robert [Signature]
Signature of Record Land Owner

Robert [Signature]
Signature of Record Land Owner

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 \$25.00.

Planning & Zoning Assistant

Date

Planning & Zoning Director

Date