



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 Leland W. Seifert Estate by Alan Seifert
Address _____ Phone 620382-2027
Agent _____
Address 2168 140th Marion, KS Phone _____
subject property address 2331 Pawnee
B. Applicant/Owner _____
Address _____ Phone _____
Agent _____
Address _____ Phone _____
C. Applicant/Owner _____
Address _____ Phone _____
Agent _____
Address _____ Phone _____

Signature of Record Land Owner: Leland W. Seifert Trust by Alan Seifert
(Use separate sheet if necessary for names of additional owners/applicants.)

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

see attached sheet for legal
part SE 1/4 sec. 10 township 19 range 3 east

2168 140th
Marion, KS

3. The dimensions of the property are 392 feet by ^{524.53}~~735~~ feet and 4.72 acres or _____ square feet in area.

4. The general location may be described as: Pl. SE 1/4 10-19-3 Mar. Co.

5. I request this change in zoning for the following reasons. (Do not include reference to proposed uses for a rezoning.) Improve the saleability of the adjacent 5 acre farmstead.

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.

Leland W. Seifert Est. _____
(Owner) (Owner)

By [Signature] EX, _____
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 \$75.00.

_____	_____
Planning & Zoning Assistant	Date
_____	_____
Planning & Zoning Director	Date