

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 Spin(s) must be listed on th | is iorm. | |
|------|--|-------------------------------|-----|
| A. | Applicant/Owner Jerry L. Siebert | | |
| | Address 1365 Clover Rd Cedar Point, Ks 6684: | 3 Phone 620-274-4269 | |
| | Agent | , 1 | |
| | Address | Phone | |
| R | Applicant/Owner Milleine R. Siebert | | |
| D. | Address 1365 Clover Rd Cedar Point, Ks 66843 | Phone 1-20-2711-1121-9 | |
| | Agent | Thome 620-274 -426 [| |
| | AgentAddress | Phone | |
| | | | |
| C. | Applicant/Owner | | |
| | Address | Phone | |
| | Agent | | |
| | Address | | |
| Sig | nature of Record Land Owner: Description of Record Land Owner: Description of additional own | est (see attached Pa | ζε. |
| | | | |
| 1. (| General Location of Property: Eastern Mn. Co. | 1 mile so. of | |
| | Hwy 150 at 1883 Clover | Rd. | |
| | | | |
| | | | |
| 2.] | egal Description of Property: North 1/2 of the | North East 14 Runge 5 East | |
| The | e property Split off - EZ NE ME (| (20 deres) | |

| | 3. Existing Zoning of Property: Qgricultor | e | | | |
|---|--|------------------------|--|--|--|
| | 4. Gross Property Acreage: | | | | |
| | 5. Existing Street Right-of-Way Width: 50 | | | | |
| | 6. Proposed Dimensions of the Lot(s): | | | | |
| * | Tract A: 400 ft. By 682 ft. | Tract B:ft. Byft. | | | |
| | 7. Proposed Lot(s) Frontage: | · | | | |
| | Tract A: 400 ft. | Tract B:ft. | | | |
| | 8. Proposed Lot(s) Area: | | | | |
| | Tract A: <u>6.55</u> Acres | Tract B:Acres | | | |
| | 9. Is there a public water supply available to serve | e the proposed Lot(s)? | | | |
| | Yes | NO | | | |
| | 10. Is there a public sanitary sewer available to serve the proposed Lot(s)? | | | | |
| | Yes | NO | | | |
| | 11. Will the proposed Lot(s) be directly accessed by a public gravel or paved road? | | | | |
| | Yes | NO | | | |
| | 12. Does the proposed Lot(s) contain an existing residence? | | | | |
| | Yes_ 🗸 | NO | | | |
| | 13. Is a new street or alley required or proposed? | | | | |
| | Yes | NO | | | |
| | 14. Is a vacation of streets, alleys, setback lines, access control or easements require proposed? | | | | |
| | Yes | NO | | | |
| | 15. Has this Lot been previously split? | | | | |
| | Yes | .NO | | | |

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.

| Authorized Agent (| if any) | Authorized | Agent (if any) | |
|--|----------------------------------|----------------------------|----------------|--|
| Signature of Record L | and Owner | Million Signature of Re | | |
| | | | | |
| | | | | |
| 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 | | Date | |
| - | Planning & Zo | ning Director | Date | |