



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 Kenneth J. Gehrer
Address 1585 Sunflower - Marion Phone 620/382-8416
Agent
Address Phone

B. Applicant/Owner BARBARA J. Gehrer
Address 1585 Sunflower - Marion Phone 620/382-8416
Agent
Address Phone

C. Applicant/Owner Kenneth J. Gehrer Barbara J. Gehrer
Address 1585 Sunflower Phone (620) 382-8416
Agent
Address Phone

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

2. The applicant hereby requests a change of zone from Agricultural zoning district to Rural Residential zoning district for property legally described as Lot(s) For 11.98 acres Block(s) of the Addition.

(Metes and bounds descriptions shall be provided in the space below or on an attached sheet.)

PART OF THE NORTHEAST 1/4 SECTION 19 - Township 20 South, RANGE 4 EAST OF THE 6th PM, Marion County, KS.

3. The dimensions of the property are See attached legal. feet by _____ feet and 61.98 acres or _____ square feet in area.

4. The general location may be described as: 1585 Sunflower - Marion

5. I request this change in zoning for the following reasons. (Do not include reference to proposed uses for a rezoning.) WE WISH TO DEED 50 ACRES OF ABOVE PARCEL TO OUR SON FOR CONTINUED USE AS PASTURE GROUND. WE WOULD RETAIN REMAINDER 11.98 ACRES FOR OUR RESIDENTIAL USE.

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.

Kenneth J. Ghera
(Owner)

Barbara J. Ghera
(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