

MARION COUNTY COURTHOUSE

MARION COUNTY KANSAS
OFFICE OF THE PLANNING COMMISSION

RECEIVED

DEC 26 2002

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)

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.

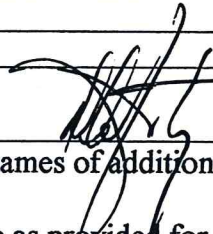
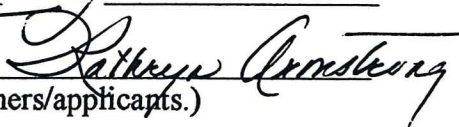
AN INCOMPLETE APPLICATION CANNOT BE ACCEPTED.

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 DEAN & KATHRYN ARMSTRONG
Address P.O. Box 5 FLORENCE, Ks. Phone 620 382 7763
Agent _____
Address _____ Phone _____

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

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

Signature of Record Land Owner:  
(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): 14' x 28' Deck on front of property

for property located at: _____

and legally described as: 75' of SE 1/4 9-20-4 / Lot 13 Schlottbauer Sub-Division #3
in the County which is presently zoned as the V-I 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.

X DEAN ARMSTRONG
(Owner)

X KATHRYN ARMSTRONG
(Owner)

By REUBEN ZERGER
Authorized Agent (if any)

By DAVE HETT
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