



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 CONDITIONAL USE PERMIT

This is an application for a Conditional Use Permit. 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 JANA RAE DALKE
Address 1320 190th Hillsboro 67063 Phone 620 947 0100
Agent NA
Address NA Phone NA

B. Applicant/Owner DALE B. DALKE
Address 1320 190th Hillsboro, 67063 Phone 620 947 0100
Agent NA
Address NA Phone NA

C. Applicant/Owner
Address Phone
Agent
Address Phone

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

2. The applicant hereby requests an exception as a conditional use permit for the purpose of establishing a greenhouse/plant business

on property legally described as Lot(s) Section 31 Block(s) Twp. 19 of the Range 3 Addition.

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

RECEIVED

JAN 17 2003

Marion County Health Department

3. Development plan included?

Yes

No

4. The general location may be described as farmground + pasture land, mostly.
The house + outbuildings count for only a few of the 47 acres
of the property.

5. I request this conditional used permit for the following reasons: I want to start
a wholesale greenhouse operation. However, if I do sell directly
to friends or family, I wanted to be within the boundaries of the
law of Marion County.

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.

[Signature]
(Owner)

[Signature]
(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 \$50.00.

Planning & Zoning Assistant

Date

Planning & Zoning Director

Date

RECEIVED

NOV 1 1991
10:02 AM
MARION COUNTY