



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 Robert S & Christina D. Delk
Address 1139 Limestone Parkway N Phone 983-2151
Agent
Address Phone

B. Applicant/Owner
Address Phone
Agent
Address Phone

C. Applicant/Owner
Address Phone
Agent
Address Phone

Signature of Record Land Owner: Robert S. Delk Christina D. Delk
(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 residence 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.)

The requested land is the east 80 acres of the southeast quarter of section 10-21-3.

3. The dimensions of the property are _____ feet by _____ feet and 21.19 acres or 923389 square feet in area.

4. The general location may be described as: east 80 of the
southeast quarter of section 10-21-3, or 2 1/2
miles south of Aulve, #33 Pawnee Rd. Peabody Ms.
1131

5. I request this change in zoning for the following reasons. (Do not include reference to proposed uses for a rezoning.) I wish to have this property rezoned
because Christina's mother & step father have moved from Virginia
and wish to purchase this land from us. This property is non-
tillable farm land of grass & trees.

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.

Robert J. Dalk
(Owner)

Christina D. Dalk
(Owner)

By James P. Salrad, Jr.
Authorized Agent (if any)

By Barbara J. Salrad
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