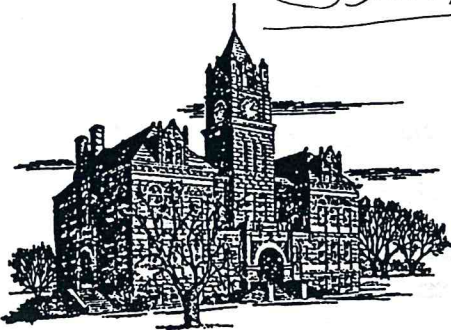


First Choice



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 Jonas E Giesbrecht
Address 1820 Holly Phone 620 947 3663
Agent _____
Address _____ Phone _____

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

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

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

2. The applicant hereby requests a change of zone from R9 zoning district to Rural Res 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.)

From NW corner SW 1/4 P.O. Box 157 rebar with I.D. Capset Sec 04 20 02
2647.8 ft east then 873.2 South then 318.6 west then 490. north
then 2334.22 West then 407.52 north to Obj.

E 2647.8' x S 873.2' x W 318.6' x N 490.0' x W 2334.22' x N 407.52' Be

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

1235142.71 sq ft = 28.3 A

4. The general location may be described as:

From Hillsboro on D Street of the 56 Four way stop
one mile west and 3/4 south

5. I request this change in zoning for the following reasons. (Do not include reference to proposed uses for a rezoning.)

Resale

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.

Jonas E Giesbrecht
(Owner)

(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