



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
Address
Agent
Address

B. Applicant/Owner [Handwritten: Barbara K. Glenda]
Address [Handwritten: Concordia, Mo. 64858]
Phone [Handwritten: 620-924-5790]

C. Applicant/Owner [Handwritten: Stephen A. Glenda]
Address [Handwritten: Lincolnville, Ks. 66858]
Phone [Handwritten: 620 924 5790]

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

2. The applicant hereby requests a change of zone from [Handwritten: AC] zoning district to [Handwritten: RR] zoning district for property legally described as Lot(s) [Blank] Block(s) [Blank] of the [Blank] Addition.

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

[Handwritten: SEE ATTACHED]
[Blank lines for metes and bounds descriptions]

3. The dimensions of the property are 328<sup>47</sup> feet by 152<sup>07</sup> feet and 10 acres or \_\_\_\_\_ square feet in area.

4. The general location may be described as: 6 miles West Lindville  
1 mile North

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

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.

Stephen A. Kanda  
(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