

2002-105



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 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 Don-Betty Fnechtig  
Address 1426 Pownee Marion, KS Phone 620-382-2825  
Agent \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

B. Applicant/Owner \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Agent \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

C. Applicant/Owner \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Agent \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of Record Land Owner: Don Fnechtig  
(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): Variance from required side setback from 10 FT to 4 feet on east side

for property located at: 29 Lakeshore drive

and legally described as: PT SE/4 9-20-4 lot 12 Schlottbauer subdivision #3  
in the County which is presently zoned as the U-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.

Joey Trueckting  
(Owner)

Betty Trueckting  
(Owner)

By \_\_\_\_\_  
Authorized Agent (if any)

By \_\_\_\_\_  
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