



MARION COUNTY COURTHOUSE

MARION COUNTY KANSAS
OFFICE OF THE PLANNING COMMISSION

230 E Main
P.O. BOX 167
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 None & EDWIN H ROBINSON, Sr.
Address 206 W 11th Phone 620-878-4496
Agent _____
Address _____ Phone _____

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

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

Signature of Record Land Owner: Edwin H. Robinson Sr.
(Use separate sheet if necessary for names of additional owners/applicants.)

2. The applicant hereby requests a change of zone from Ag zoning district to Med Industrial 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.)

See attached deed (132 acres)

Zone change not need just conditional use applications all info transferred

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

4. The general location may be described as: 1 mile east of Florence
on Hwy 50, North Side

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

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.

Edwin H. Robinson Jr
(Owner)

Neve Robinson
(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 1:20 (p.M.) on 12/18/07. 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

4657

Case # PC08-001

Recp.# 218573