



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 Ida Jean Maples  
Address 2111 Richfield Rd, Wichita, KS Phone 316-686-1414  
Agent Richard V. Sandoz - Contractor  
Address 76 Bluestem Phone 620-382-3228

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

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

Signature of Record Land Owner: Ida Jean Maples  
(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): From required side yard setback of 10 feet to 4 ft. to enable the addition of a porch on the East Side.

for property located at: #5 Back Bay Court, Marion Co. Lake

and legally described as: Lot 4, Schottbauer Subdivision 3A, Marion County Park and Lake  
in the County which is presently zoned as the \_\_\_\_\_ 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.

Ida Jean Hayes  
(Owner)

\_\_\_\_\_  
(Owner)

By Robert M. Hayes  
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