



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 William D. Kaempfe
Address 19 Echo Lane, Marion, Ks 66861 Phone (620) 382-2795
Agent _____
Address _____ Phone _____

B. Applicant/Owner Vickie L. Kaempfe
Address 19 Echo Lane, Marion, Ks 66861 Phone (620) 382-2795
Agent _____
Address _____ Phone _____

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

Signature of Record Land Owner: William D. Kaempfe Vickie L. Kaempfe
(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): 13' reduction of the offset of 50' to 37' the backside property line adjoining pasture ground to construct a 730 sq addition to existing home.

for property located at: 19 Echo Lane, Marion, Ks 66861

and legally described as: lot 19 and 20 Echo Lane Subdivision Marion County Park and Lake.

in the County which is presently zoned as the V-1 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.

William A. Kaempfe
(Owner)

Tracie L. Kaempfe
(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