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)

MARION COUNTY COURTHOUSE

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 _Tim Summervill_
   Address _2248 E 150th Marion KS_ Phone _620. 382 3415_
   Agent _____
   Address _____ Phone _____

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

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

Signature of Record Land Owner: _Tim Summervill_
(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): _I would like to sell ±5.5 acres which contains a homestead. Due to the Highway 77 expansion, KDOT has obtain 1.55 acres of my 40 acre tract. I would like sell 5.5 acres off and keep the remaining 32.95 in my farming operation_
for property located at: _2285 170th 66861_
(inter section of Highway 77 & 170th)
and legally described as: _NE/4 NE/4 15-20-4_

in the County which is presently zoned as the ___Centre___ 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.

Jim Demmont _____   _____
     (Owner)   (Owner)

By_____   By_____
   Authorized Agent (if any)   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