

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 Tom & Bev Reid
Address 62 Lakeshore, Marion KS Phone 620-382-3354
Agent _____
Address _____ Phone _____

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

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

Signature of Record Land Owner: Tom Reid Bev Reid
(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): 29' front variance
19' back variance

for property located at: 61 Lakeshore, Marion KS

and legally described as: see attached deed

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.

Tom Reid
(Owner)

Ben Reid
(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