



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 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 Dorothy M Perkins
Address 1574 E 117th Carbondale, KS Phone 785 836 9387
Agent
Address Carbondale KS 66414 Phone

B. Applicant/Owner David F. Vinduska
Address 924 N High Newton, Kansas Phone 316.282.9683
Agent
Address Phone

C. Applicant/Owner Jane A. Niederwerder
Address 1421 E. Ellsworth Salina, KS Phone 785-823-2680
Agent
Address Phone

Signature of Record Land Owner: David F. Vinduska
(Use separate sheet if necessary for names of additional owners/applicants.)

2. The applicant hereby requests a change of zone from A zoning district to RR 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.)

NW 1/4 32-18-4

3. The dimensions of the property are 160 feet by 660 feet and 10 acres or _____ square feet in area.

4. The general location may be described as: 1/2 mile south of
Pilsen Ks. & 1/2 mile east on south
side of road

5. I request this change in zoning for the following reasons. (Do not include reference to proposed uses for a rezoning.) The house and 10 acres
will be purchased by a different individual
than the remainder of the tr

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.

David F. Linduska
(Owner)

(Owner)

By Tom Holub
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 _____ (__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