

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 CONDITIONAL USE PERMIT

This is an application for a Conditional Use Permit. 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 TABOR MENNONITE CHURCH Address <u>891 CHIS HOLM TRAIL</u> , NEWTON \$ Phone 620-367-2318 Agent DARWIN FUNK TRUSTEE CHANR PERSON Address 686 29 ⁷⁴ AU. CANTON & Phone 620-367-8210
	Applicant/Owner SAME Address Phone Phone
C.	Address 871 N. K-15 NEWTON, \$5. Phone 620-367-8397 AGENT STEVE JANZEN APPRESS, 1011 CH 1 SHOLM TRAIL NEWTON, \$5. 620-367-823. Applicant/Owner SAME
	Address Phone Phone Agent BRUSE SCHM, DT Address 2861 COMANCHE RD CANTON, & Phone 620-367-2398
Sig (Us	nature of Record Land Owner: SEE RTTACHED se separate sheet if necessary for names of additional owners/applicants.)
	The applicant hereby requests an exception as a conditional use permit for the pose of establishing an EXPAPDED CHURCH
on	property legally described as Lot(s) NB Block(s) NB of the Addition.
she	etes and bounds descriptions shall be provided in the space below or on an attached et.) PART OF 14 SECTION.
	PART OF Y SECTION. SEE ATTACHED LEGAL DEED

Development plan	included?	Yes	J	lo .	
The general locat	ion may be described	las 1/2	ni. EAST	- + 3 m	/
SOUTH O	OF GOESSE	۷.			
		*			-
I request this cond	litional used permit fo	or the followin	g reasons:		
TO COM	PLETE WA	STEWATE	ER LA	G00N	
cessed unless it is	this application. I (vector) completely filled in; and is accompanied by	is accompanie	ed by an ariel	tion cannot be photo as requ	ired in
TABOR MEN	POPITE CHU	RCH	SAM	Ę	
(Owner)	1 37 . 10 - 174		(Owner)		
Davin &	,	Riv) /	PO	
2 della	endy		Sleven	, To fan	ju-
Authorized Agent	(if any)	By	Authorized A	gent (if any)	
riumonzou rigone	(ir uny)	•	1441101120411	.go (11 011)	
Office Use Only:			·		***************************************
Office Ose Offiy.					
	vas received at the of				
	A.) on				to be
\$50.00.	companied by require	ed documents	and the appr	opnate fee of	
	Planning &	Zoning Assista	ant	Date	
	Planning &	Zoning Direct	or	Date	
		a n			