



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)

JUN 17 2005

**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 S. Belinda Engler  
Address H69 260th Marion, KS Phone 820-929-5254  
Agent \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

B. Applicant/Owner \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Agent \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

C. Applicant/Owner \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Agent \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of Record Land Owner: S. Belinda Engler  
(Use separate sheet if necessary for names of additional owners/applicants.)

2. The applicant hereby requests an exception as a conditional use permit for the purpose of establishing a riding school (equine)

on property legally described as Lot(s) W 1/2 Block(s) NE 1/4 of the 32-18-3 Addition.

(Metes and bounds descriptions shall be provided in the space below or on an attached sheet.)

W 1/2 NE 1/4 32-18-3 Marion Co, KS

3. Development plan included? Yes No

4. The general location may be described as rural, surrounded by isolated fields. Parking by customers is on my driveway which is a 1/2 mile long.

5. I request this conditional used permit for the following reasons: This is a business that is compatible with agricultural pursuits and a normal on the farm activity. This activity adds to what Marion County can offer its residents. It has been used to improve self-esteem and quality of life for special education children, BB/BS and After School Grant at risk students, and 4-H families.

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.

S. Belinda Engler  
(Owner)

\_\_\_\_\_  
(Owner)

By \_\_\_\_\_  
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 \$50.00.

\_\_\_\_\_  
Planning & Zoning Assistant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Planning & Zoning Director

\_\_\_\_\_  
Date