



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 Randy & Kathy Suitek
Address 2761 Remington, Marion Phone 620-924-5437
Agent Lyle Lemke
Address 501 S Main, Hillsboro Phone 620-947-3915

B. Applicant/Owner
Address
Agent
Address Phone

C. Applicant/Owner
Address Phone
Agent
Address Phone

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

The applicant hereby requests a change of zone from Aa zoning district to Rural Residential (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.)

Survey will be provided for a 10 Acre Tract
Part of NW/4 7-18-4.
Intent is to sell the Improvements and 10 Acres

shown on Survey

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

4. The general location may be described as: 1931 300th, Lincolnville
From Lincolnville 1/4 West on 290th, 1 North on
Remington, 1/4 E on 300th

5. I request this change in zoning for the following reasons. (Do not include reference to proposed uses for a rezoning.) For the Sub of the
Improvements and 10 Acres

Survey and Drawing & Profiles will be provided.

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.

[Signature]
(Owner)

(Owner)

By [Signature] Lyle Leppe
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