



MARION COUNTY COURTHOUSE

MARION COUNTY KANSAS
OFFICE OF THE PLANNING COMMISSION

P.O. BOX 157
MARION, KANSAS 66861
PHONE (620) 382-2550
Toll Free 1-800-305-8848

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 Heather Holub, Molly HOLUB
Address 1953 240th Phone 620-924-5753
Agent Marion, KS 66861
Address Phone

B. Applicant/Owner Chris Holub (Daniel C.)
Address Phone
Agent
Address Phone

C. Applicant/Owner Tamra Holub
Address Phone
Agent
Address Phone

2. The applicant hereby requests an exception as a conditional use permit for the purpose of establishing a Recreational Cabin Rental Facility
on 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.)

3. Development plan included? Yes No

4. The general location may be described as West End of Marion
County LAKE

5. I request this conditional use permit for the following reasons: To rent out
recreation cabins, boat rentals.
Area 1: 8 CABINS, 1 office Area 2: 3
CABINS Area 3: 4 CABINS

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

[Signature]
(Owner)

(Owner)

(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 4:15 (P.M.) on Dec. 20, 2010. It has been checked and found to be completed and accompanied by required documents and the appropriate fee of \$50.00.

Planning & Zoning Assistant
[Signature]

Planning & Zoning Director

Date
12-20-10

Date

Case Number: PC-1-1-02

Date of Public Hearing: JAN. 20, 2010

Date of Approval/Disapproval by Planning Commission: _____

Date of Recommendation to the County Commission: _____

Date of County Action: _____