



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 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 Charles P. & Lynn S. Unruh
Address 1473 245th Marion, KS Phone 620-947-3581
Agent
Address Phone

B. Applicant/Owner
Address Phone
Agent
Address Phone

C. Applicant/Owner
Address Phone
Agent
Address Phone

Signature of Record Land Owner: Lynn S. Unruh & Charles P. Unruh
(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 Guest House available for nightly rental
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.)

Blank lines for metes and bounds descriptions.

3. Development plan included?

Yes

No

4. The general location may be described as
on 240th going west

3 miles past 240th + Pawnee

5. I request this conditional used permit for the following reasons:

To be able to operate a nightly rental business in an existing home.

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.

Lynn Unruh
(Owner)

Charles P. Lamb
(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