



MARION COUNTY COURTHOUSE

MARION COUNTY KANSAS
OFFICE OF THE PLANNING COMMISSION

P.O. BOX 167
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 316)

RECEIVED

FEB 24 2004

APPLICATION FOR VARIANCE FROM ZONING REGULATIONS

Marion County

This is an application for a variance. The form must be completed and filed in the Health Department 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 requesting a variance must be listed on this form.

A. Applicant/Owner Jeff Foster — Floyd Beck 2-2309
Address * Box 423, McPherson, KS 67460 Phone 620-241-1317
Agent Reuben K. Zerger — Floyd Beck 2-2309
Address 2 Lois Lane, P.O. Box 9, Marion, KS Phone (620) 382-2440

B. Applicant/Owner _____
Address _____ Phone _____
Agent _____
Address _____ Phone _____

C. Applicant/Owner _____
Address _____ Phone _____
Agent _____
Address _____ Phone _____

Signature of Record Land Owner: Jeff W. Foster
(Use separate sheet if necessary for names of additional owners/applicants.) Floyd Beck 2-2309

2. Application is made for a variance as provided for in Section 25-103 of the Zoning Regulations to permit (described the request): Rear Setback
changed from 20' to 10'

for property located at: #1 Pioneer Ct. Marion County Lake

and legally described as: Attached Certificate of Survey

in the County which is presently zoned as the _____ District.

3. 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.

Ray Beck
(Owner) 2-23-00

(Owner)

By Jeff Zott
Authorized Agent (if any)

By _____
Authorized Agent (if any)

4. 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