



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 Morning Star Church
Address 3403 Falcon Tampa Phone
Agent Calvin D. Wiebe
Address 3171 Alamo Durham Phone 620 732 2148

B. Applicant/Owner
Address Phone
Agent Stuart L. Isaac
Address 810 300 Ave. Durham KS 67438 Phone 620-732-2131

C. Applicant/Owner
Address Phone
Agent Harold Z Koeh
Address 325 230th Lehigh KS 67073 Phone 620-483-3455

Signature of Record Land Owner:
(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 Larger Church
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.)
SE 1/4 of SE 1/4 of Sec. 13-17-1 Marion County KS

3. Development plan included?

Yes

No

4. The general location may be described as 6 miles West of Tampa
1 mile North

5. I request this conditional used permit for the following reasons: We have out-
grown our present building.

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.

Morning Star Church
(Owner)

(Owner)

By Calvin P. Wiele Chairman
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