

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.

	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 Kenneth L.+ Lois Fr Address 1010 N. Chisholm Trail Agent	2y Phone <u>620 - 367- 248</u> 5
	Address	Phone
В.	Applicant/Owner	
	Address	Phone
	Agent	
	Address	Phone
C.	Applicant/Owner	
	Address	Phone
	Address	
	Address	Phone
cia.	nature of Pagard I and Oreman	
Signature of Record Land Owner:		
(Us	e separate sheet it necessary for names of additional own	iers/applicants.)
2. The applicant hereby requests a change of zone from zoning district to zoning district for property legally described as Lot(s)		
Blo	clock(s) of the Addition.	
Me	etes and bounds descriptions shall be provided in the spacet.) See Attached	ce below or on an attached