



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)

REGISTERED
APR 27 2006

APPLICATION FOR VARIANCE FROM ZONING REGULATIONS

This is an application for a variance. 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 requesting a variance must be listed on this form.

X A. Applicant/Owner Dennis H. Tracy
Address 1305 Maple, Newton KS 67114 Phone 316 283-6610
Agent Paul R. Morse
Address 2033 Ridgeview Salina KS Phone 785-827-8482

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

C. Applicant/Owner Paul R. Morse
Address 2033 Ridgeview Phone 785-827-8482
Agent _____
Address _____ Phone _____

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

2. Application is made for a variance as provided for in Section 25-103 of the Zoning Regulations to permit (described the request): 4' or 5' set back from fence on north side of property and 4' or 5' set back from east property line to be able to build garage and allow for turn from driveway
for property located at: #6 Pioneer Courty

and legally described as: all of lot 5, Schlotthauer Addr. to the Marion County Park & Lake
in the County which is presently zoned as the V-1 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.

(Owner)

(Owner)

By _____
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