



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 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.

A. Applicant/Owner Jim & Tina Novak
Address 1725 Upland Marion KS Phone 402-382-8855
Agent Self
Address Phone

B. Applicant/Owner
Address Phone
Agent
Address Phone

C. Applicant/Owner
Address Phone
Agent
Address Phone

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

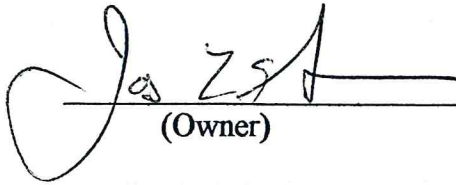
2. Application is made for a variance as provided for in Section 25-103 of the Zoning Regulations to permit (described the request): Set back of (1) one foot from property line at closest point. Side Yard Variance (Double front) of (49) forty nine feet at closest point. Back Yard Variance of (17) seventeen feet at closest point.

3' Set Back
for property located at: 1725 Upland Marion KS

and legally described as: Lots 11, 12 and 13; Schlotthauer Subdivision No. 4 and Lot 23, Summerhaven Subdivision, adjacent to Marion County Lake and Park (cont. Below) in the County which is presently zoned as the CP-2 District.

and lake, Marion County, Kansas and Easterly 12 1/2 feet of lot 10, Schlotthauer's Subdivision Number 4, Adjacent to Marion County Park and Lake, Marion County, Kansas

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 Self  
\_\_\_\_\_  
Authorized Agent (if any)

By Self  
\_\_\_\_\_  
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