

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 Robert J. Spachek Trust (Robert J. Spachek Trustee)
Address P.O. Box 185 Lincolnville, KS 668 Phone 620-924-5797
Agent
Address Phone

B. Applicant/Owner
Address Phone
Agent
Address Phone

C. Applicant/Owner
Address Phone
Agent
Address Phone

Signature of Record Land Owner [Signature] Trustee
(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): Allow 10 foot set back along Rock Road and an 8' set back along the North property line and 15' set back along the East property line. (See attached drawing.)


for property located at: #4 Rock Road Marion, County Lake.

and legally described as: See attached Deed for complete legal description.

in the County which is presently zoned as the R-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.

Robert J. Spachek Trust

  
\_\_\_\_\_  
(Owner) Trustee

\_\_\_\_\_  
(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