



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  Ralph E. Papp  
Address 521 S. CEDAR, MARION, MO Phone 620-382-2478  
Agent Wanda E. Maggard Dennis Maggard  
Address 1980 Timber Marion KS Phone 382-3336

B. Applicant/Owner \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Agent \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

C. Applicant/Owner \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Agent \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of Record Land Owner:  Ralph E. Papp  
(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 Storage and retail sales business.

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.)

see attached sheet  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Development plan included?

Yes

No

4. The general location may be described as The old alfalfa mill north of Marion, T19S R4E Sec 31. Take Walnut Street north to city limit and continue northern 500 feet approximately 190 feet

5. I request this conditional used permit for the following reasons: To repair existing building for use, as storage and retail sales business.

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. .

x Ralph E. Dapp  
(Owner)

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

By Dennis Maguire  
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