## 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 X Adaphe Loga Address 52/5, CED AR, WARRION	Phone 382 - 2478		
	Agent Wence & Mage ac De Address 1980 Tim Bel	nnis Moggaro		
	Address 1980 Fim Ber	Phone 382-3336		
B.	Applicant/Owner			
	Address	Phone		
	Agent _			
	AgentAddress	Phone		
C.	Applicant/Owner	•		
	Address	Phone		
	Agent			
	Address	Phone		
98:02		)		
	nature of Record Land Owner: * * Apale , Fo	be		
(Us	se separate sheet if necessary for names of additional own	ers/applicants.)		
	•			
2.	Application is made for a variance as provided for in Sec	tion 25-103 of the Zoning		
Reg	gulations to permit (described the request): Acreo	ap requirements		
a	gulations to permit (described the request): Acreae nd north property Variant	ent zotest		
	ne neim projectity barrante			
for	property located at: See deed			
and	legally described as:			
in t	he County which is presently goned as the 11-11-11-11	Dietrict		

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.  **The state 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.  **The state 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.  **The state of the state of the instruction sheet is accompanied by the appropriate fee.  **The state of the state			
By Authorized Agent (if any)	ByAuthorized Age	ent (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 & Zonin	ng Assistant	Date	
Planning & Zonin	ng Director	Date	