



MARION COUNTY COURTHOUSE

RECEIVED OFFICE OF THE PLANNING COMMISSION

MARION COUNTY KANSAS

APR 07 2004

Marion County Health Department

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 CHANGE OF ZONING CLASSIFICATION (REZONING)

This is an application for change of zoning classification (rezoning). 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 Russell O. Abrahams
Address 863 K 15 Hwy, Newton, KS 67114 Phone 620 367 2394
Agent
Address Phone

B. Applicant/Owner Barbara D. Abrahams
Address 863 K 15 Hwy, Newton, KS 67114 Phone 620 367 2394
Agent
Address Phone

C. Applicant/Owner
Address Phone
Agent
Address Phone

Signature of Record Land Owner: Russell O. Abrahams Barbara D. Abrahams
(Use separate sheet if necessary for names of additional owners/applicants.)

2. The applicant hereby requests a change of zone from A zoning district to RR zoning district for property legally described as Lot(s) of the Addition.

(Metes and bounds descriptions shall be provided in the space below or on an attached sheet.)

see attached

3. The dimensions of the property are 1162.03 feet by 374.86 feet and 10 acres or 435,599 square feet in area.

4. The general location may be described as: 847 K15 Hwy or 3 1/2 mi South of Goessel on K15 Hwy

5. I request this change in zoning for the following reasons. (Do not include reference to proposed uses for a rezoning.) To deed parcel to son & daughter Brent & Pam Abrahams

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.

Russell O. Abrahams
(Owner)

Barbara D. Abrahams
(Owner)

By _____
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 \$75.00.

Planning & Zoning Assistant

Date

Planning & Zoning Director

Date