



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 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 Brad & Patricia Putter
 Address 111 N Lincoln Marion Phone (620) 382-8455
 Agent _____
 Address _____ Phone _____

B. Applicant/Owner Charles Kannady Kannady Family Revocable Trust
 Address 2250 Hwy 256 Marion Phone (620) 382-3713
 Agent _____
 Address _____ Phone _____

C. Applicant/Owner _____
 Address _____ Phone _____
 Agent _____
 Address _____ Phone _____

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

2. The applicant hereby requests a change of zone from Ag zoning district to Rural Residential zoning district for 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.)

E Pt. (grass) S 1/2 of S.W. 1/4, Section 2, Township 20 South, Range 3 EAST - Marion County Ks.

3. The dimensions of the property are _____ feet by _____ feet and ^{Approximate} 10.615 acres or _____ square feet in area.

4. The general location may be described as: 1/2 miles W of Marion,
South 1 mile, W 1/2 mile

5. I request this change in zoning for the following reasons. (Do not include reference to proposed uses for a rezoning.) To build a home.

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.

Brad Pitter
(Owner)

Charles Kennedy
(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