



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 EDWARD W & WILFRED A J. BURNETT  
Address 208 WARREN ROAD EL DORADO Phone 316-321-2007  
Agent \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Phone KS 67042

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

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

Signature of Record Land Owner: \_\_\_\_\_  
(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): REDUCE SIDE YARD REQUIREMENTS TO 6 FT., FRONT YARD REQUIREMENT TO 15 FT. AND BACK YARD REQUIREMENT TO 4 FT

for property located at: 114 LAKESHORE DRIVE

and legally described as: SEE ATTACHED

in the County which is presently zoned as the V-1 VILLAGE 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.

EDWARD H. BURNETT  
(Owner)  
*[Signature]*

Wilfreda J. Burnett  
(Owner)  
*[Signature]*

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