



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 Sliding K Ranch Valentine Klenda
Address 1729 310 Lincolntonville Ks. Phone 785-965-7157
Agent
Address Phone

B. Applicant/Owner
Address Phone
Agent
Address Phone

C. Applicant/Owner
Address Phone
Agent
Address Phone

Signature of Record Land Owner: Valentine Klenda
(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 Livestock Feeding Operation up to 1500 on property legally described as Lot(s) Block(s) of the Addition. section 2-18-3 MN Co.

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

Blank lines for metes and bounds descriptions.

3. Development plan included?

Yes

No

4. The general location may be described as

N 1/2 N 1/2 NW 2-18-3

5. I request this conditional used permit for the following reasons:

To control water pollution from Run off  
from Limestone pens

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.

Valentina R Klenda  
(Owner)

\_\_\_\_\_  
(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 \$50.00.

\_\_\_\_\_  
Planning & Zoning Assistant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Planning & Zoning Director

\_\_\_\_\_  
Date