

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)

District.

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	n.
A.	Applicant/Owner Bonne Hastings. Address 2405 29046 Lincolnuille 12. 101888 Agent Roger Perkins Address 217 N. adams Hillsboro Ks.	
	67063	1 Holle(1980-747-38-84
В.	Applicant/Owner	
	Address	Phone
	Agent	
	Address	Phone
C.	Applicant/Owner	×
	Address	Phone
	Agent	
	Address	Phone
Sig	nature of Record Land Owner: Barrie M Had	ingo
(U	se separate sheet if necessary for names of additional own	ers/applicants.)
	Application is made for a variance as provided for in Sec	
Re	gulations to permit (described the request):	
	2.5 ACRÉ VARIANCE	
for	property located at: 2405 290#	
and	legally described as: PT, Nuly - 13-18-4	

in the County which is presently zoned as the

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Dennie M Las (Owner)	tings					**************************************	
(Owner)				(Own	er)		
By Mu			By_				
Authorized Agent (if an	ny)		Α	uthorized	d Agent	(if any)	
- // 1	***************************************	***************************************		:	***************************************		E et .
V	-1				**	\$	
1. Office Use Only:							
4. Office Use Only:							
r ytti teg u • • •	eceived at the	e office of	the Zon	ino Adm	inistrato	r at	
This application was re		e office of					to be
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This application was remainded (M.) or completed and accomp	1		It ha	as been cl	hecked a	and found	to be
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This application was remainded (M.) or completed and accomp	n panied by req	uired docu	It ha	as been cland the ap	hecked a	and found to	to be
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This application was remainded (M.) or completed and accomp	n	uired docu	It hat ments a Assistan	as been cland the ap	hecked a	and found to	to be

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



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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

Agent 2	wher Bonnie Hastings 405 2904 Lincolnville aer Perkins	.KS. Phone 620-382-6486
Address 21	ger Perkins 6 7 nadams Hillsboro Ks	Phone <u>(20-947-3004)</u>
3. Applicant/O	wner	
Address	711	Phone
Agent	A series a series of the serie	
Address		Phone
90		
. Applicant/O	wner	Phone
Agent	rayraynay es aren a mes	Phone
Address	Maria Ma Maria Maria Ma	Phone
		그 그 아이들이 그 그리고 아이 없는 특성유를 다 모으다
Signature of Rec	cord Land Owner: Bonnie M L	lastinas
Use separate sh	eet if necessary for names of addition	al owners/applicants.)
The applicar	nt hereby requests a change of zone fro	om Ray Olg. zoning district to
. The applical	zoning district for property legally	described as Lot(s) PT. Nw/4 13-
. Pural Res.		Addition
Rural Res.	of the	Audition.
Rural Res.	of the	Addition.
Rural Des. Block(s)	of the ands descriptions shall be provided in the	

3. The dimensions of the square feet in area.	property are feet by	feet and	acres or
4. The general location n	nay be described as:	· · · · · · · · · · · · · · · · · · ·	
5. I request this change in	n zoning for the following re	easons. (Do not inc	clude reference t
proposed uses for a rezon	ing.)		
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method of submitting this processed unless it is com	, acknowledge receipt of the application. I (we) realize pletely filled in; is accompanied by the approximation of	that this application unied by an ariel ph	n cannot be
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Monnie M Lhi (Owner)	stings -	(Owner)	
Owner) Authorized Agent (if a		(Owner) ByAuthorized Ager	nt (if any)
	ny)	3v	nt (if any)
Authorized Agent (if a 7. Office Use Only: This application was r	eceived at the office of the	Authorized Ager Zoning Administra	tor at
7. Office Use Only: This application was r	eceived at the office of the	Authorized Ager Zoning Administra It has been checked	tor at
Authorized Agent (if a 7. Office Use Only: This application was r (M.) o completed and accomp	eceived at the office of the in	Authorized Ager Zoning Administra It has been checked and the appropri	tor at
Authorized Agent (if a 7. Office Use Only: This application was r (M.) o completed and accomp	eceived at the office of the	Authorized Ager Zoning Administra It has been checked and the appropri	tor at I and found to be iate fee of