



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 Bonnie Hastings
Address 2405 290th Lincolnville Ks. 66688 Phone 620-382-6480
Agent Roger Perkins
Address 217 N. Adams Hillsboro Ks. 67063 Phone 620-947-3004

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

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

X Signature of Record Land Owner: Bonnie M Hastings
(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): _____

2.5 ACRE VARIANCE

for property located at: 2405 290th

and legally described as: PT. NW/4 - 13-18-4

in the County which is presently zoned as the _____ 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.

Bannion Hastings
(Owner)

(Owner)

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



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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 property requested to be rezoned must be listed on this form.

A. Applicant/Owner Bonnie Hastings
Address 2405 290th Lincolnville, ks. Phone 620-382-6480
Agent Roger Perkins 666858
Address 217 N Adams Hillsboro ks. Phone 620-947-3004
67063

B. Applicant/Owner
Address Phone
Agent
Address Phone

C. Applicant/Owner
Address Phone
Agent
Address Phone

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

2. The applicant hereby requests a change of zone from Rural Res. zoning district to
Block(s) of the Addition.

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

Blank lines for metes and bounds descriptions.

3. The dimensions of the property are _____ feet by _____ feet and _____ acres or _____ square feet in area.

4. The general location may be described as: _____

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

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.

Benniem Hastings
_____ (Owner)

_____ (Owner)

By [Signature] 10/16/03
_____ 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