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MARION COUNTY COURTHOUSE

RECEIVED

MARION COUNTY KANSAS OCT 22 2002

OFFICE OF THE PLANNING COMMISSION

P.O. BOX 157
MARION, KANSAS 66861
PHONE (316) 382-2550

Marion County Health Department

1-800-613-3080 (Toll Free From Area Code 316)
1-800-305-8848 (Toll Free From Area Code 785)

1:25 p.m
By SB

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 Elsie Friday
Address 200 Willow Rd, # C-3 Hillsboro Phone 620-947-2062
Agent Rodney Suderman
Address 1255 Old Mill Rd, Marion Phone 620-983-2921

B. Applicant/Owner
Address Phone
Agent Phone
Address Phone

C. Applicant/Owner
Address Phone
Agent Phone
Address Phone

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

2. The applicant hereby requests a change of zone from Agricultural zoning district to Rural Residential zoning district for property legally described as Lot(s) SE Quarter Block(s) Section 9 of the East Branch Addition.

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

3. The dimensions of the property are 660 feet by 660 feet and 10 acres or 435,600 square feet in area.

4. The general location may be described as: 1143 North Indigo
7 miles south of Hillsboro; 6 miles south to
 Hwy 50.

5. I request this change in zoning for the following reasons. (Do not include reference to proposed uses for a rezoning.) I am requesting rezoning of
a portion of my property in order to sell
a rental farmhouse, out-buildings, and the ten
acres they sit on.

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.

X Elsie Friday
(Owner)

(Owner)

By Rodney Suderman to be
Authorized Agent (if any) Agent

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