

MARION COUNTY COURTHOUSE

MARION COUNTY KANSAS
OFFICE OF THE PLANNING COMMISSION

P.O. BOX 157
MARION, KANSAS 66861
PHONE (620) 382-2550
Toll Free 1-800-305-8848

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 VIRGINIA SKINNER
Address 302 N. MAPLE, REABODY Phone (620) 983-2246 or 2998
Agent
Address Phone

B. Applicant/Owner
Address Phone
Agent
Address Phone

C. Applicant/Owner
Address Phone
Agent
Address Phone

2. The applicant hereby requests an exception as a conditional use permit for the purpose of establishing a Veterinary clinic

on property legally described as Lot(s) Block(s) of the Addition. Sec 34 Twp 21 Rng 03 E/2 No/4

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

See attached

3. Development plan included? Yes No

4. The general location may be described as 1/4 miles east of 80th
+ Old Mill Rd on

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

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.

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

Virginia A. Skinner
(Owner)

(Owner)

(Owner)

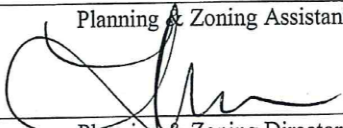
(Owner)

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 4⁰⁰ (P.M.) on 9-30-11. 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	<u>9-30-11</u> Date

Case Number: PC-11-08

Date of Public Hearing: Oct. 27, 2011

Date of Approval/Disapproval by Planning Commission: _____

Date of Recommendation to the County Commission: _____

Date of County Action: _____