



MARION COUNTY KANSAS
OFFICE OF THE PLANNING COMMISSION

P.O. BOX 157
 MARION, KANSAS 68861
 PHONE (620) 362-2550
 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 _____ TransCanada Keystone Pipeline _____
 Address _____ 7509 NW Tiffany Springs Parkway _____
 Agent _____ Northpointe Circle II, Suite 200 _____
 Address _____ Kansas City, MO 64153 _____
 Address _____ (816) 880-4609 _____

B. Applicant Owner Dale Klenda
 Address 2743 Remington, Marion, KS Phone 620.924.5524
 Agent _____ 66861 _____
 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 temporary pipe yard for storage of steel pipe on property legally described as Lot(s) _____ Block(s) _____ of the _____ Addition.

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

NW 1/4 of NW 1/4 section 13 T-18 S R3 E
Also intersection of Quail Creek Road and 290th Road
SE corner

3. Development plan included? Yes No

4. The general location may be described as _____

5. I request this conditional used permit for the following reasons: for the storage
of steel pipe for pipe line, equipment for loading or off loading
pipe and portable office space trailer

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.)

TransCanada Keystone Pipeline
7509 NW Tiffany Springs Parkway
Northpointe Circle II, Suite 200
Kansas City, MO 64153
(816) 880-4609

(Owner)

(Owner)

By *Kevin [Signature]*
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 10³⁰ (A.M.) on 10/23/09. It has been checked and found to be completed and accompanied by required documents and the appropriate fee of \$50.00.

Richards
Planning & Zoning Assistant

10/23/09
Date

Planning & Zoning Director

Date

Case Number: PG-09-09
Date of Public Hearing: 12/3/09
Date of Approval/Disapproval by Planning Commission: _____
Date of Recommendation to the County Commission: _____
Date of County Action: _____