



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 Nancy L. Wilson
Address 559 E. 210th Hillsboro Ks. 67863 Phone (620) 877-7638
Agent _____
Address _____ Phone _____

B. Applicant/Owner _____
Address Judith S. McCombs Phone _____
Agent 559 E. 210th
Address Hillsboro Ks. Phone 620-483-3987

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 1965 CROS
on property legally described as Lot(s) 12x25 Block(s) _____ of the _____ Addition.

(Metes and bounds descriptions shall be provided in the space below or on an attached sheet.)
P4 N/2 NE/4 of sec 26-17-1

3. Development plan included? Yes No

4. The general location may be described as Single wide manufactured home on 3 acre parcel with an existing farmstead.

5. I request this conditional used permit for the following reasons: To assist grandparents in maintaining 1910 farmhouse and land.

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.)

Nancy L. Gibson
(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 4:00 (P.M.) on 8-26-10. It has been checked and found to be completed and accompanied by required documents and the appropriate fee of \$50.00.

Planning & Zoning Assistant
Richard

Planning & Zoning Director

Date
8-26-10

Date

Case Number: PC-10-07

Date of Public Hearing: Sept. 23, 2010

Date of Approval/Disapproval by Planning Commission: _____

Date of Recommendation to the County Commission: _____

Date of County Action: _____