

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 Jeff D. Bina  
Address 1915 275th Marion, Ms. Phone 670-924-5511  
Agent \_\_\_\_\_ Cell 670-382-5358  
Address \_\_\_\_\_ Phone \_\_\_\_\_

B. Applicant/Owner Agnes Bina  
Address St. Luke Living Center 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 Relocation of existing cattle feeding area.  
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.)

E 1/4 SE 1/4 18-18-4  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Development plan included?  Yes  No

4. The general location may be described as E 1/4 SE 1/4 18-18-4  
located at intersection of Sunflower and  
280th.

5. I request this conditional used permit for the following reasons: Kansas Dept. of  
Health & Environment is requiring me to relocate an  
existing cattle feeding pen. The relocated pen,  
during rainfall events, will drain into a newly  
constructed lagoon.

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.)

Agnes Bina  
(Owner)

\_\_\_\_\_  
(Owner)

\_\_\_\_\_  
(Owner)

\_\_\_\_\_  
(Owner)

By Mary A. Roniger, POA  
Authorized Agent (if any)  
for Agnes Bina

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 \$50.00.

\_\_\_\_\_  
Planning & Zoning Assistant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Planning & Zoning Director

\_\_\_\_\_  
Date

Date of Public Hearing: \_\_\_\_\_

Date of Approval/Disapproval by Planning Commission: \_\_\_\_\_

Date of Recommendation to the County Commission: \_\_\_\_\_

Date of County Action: \_\_\_\_\_