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MARION COUNTY COURTHOUSE

MARION COUNTY KANSAS OFFICE OF THE PLANNING COMMISSION

P.O. BOX 157
MARION, KANSAS 66861
PHONE (316) 382-2550
1-800-613-3080 (Toll Free From Area Code 316)
1-800-305-8848 (Toll Free From Area Code 785)

APPLICATION FOR VARIANCE FROM ZONING REGULATIONS

This is an application for a variance. 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 requesting a variance must be listed on this form.

A. Applicant/Owner Marion C. Cabbage
Address 182 Hwy 77 P.O. Box 95 Burns Ks 66840 Phone 620-726-5595
Agent _____
Address _____ Phone 6

B. Applicant/Owner Josette R. Cabbage
Address 182 Hwy 77 P.O. Box 95 Burns Ks 66840 Phone 620-726-5595
Agent _____
Address _____ Phone _____

C. Applicant/Owner _____
Address _____ Phone _____
Agent _____
Address _____ Phone _____

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

2. Application is made for a variance as provided for in Section 25-103 of the Zoning Regulations to permit (described the request): the property to continue to be used as a residence after relocation of U.S. Highway 77, also continued small farming operations.

for property located at: 182 Highway 77

and legally described as: See Saperate Page

in the County which is presently zoned as the A9 District.

Variance
Alleged
Requirement
from 10 min
to 6-4
B.L. AREA
Variance

3. 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.

Marion C. Cabbage
(Owner)

Josette R. Cabbage
(Owner)

By _____
Authorized Agent (if any)

By _____
Authorized Agent (if any)

4. 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