



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 CHANGE OF ZONING CLASSIFICATION (REZONING)

This is an application for change of zoning classification (rezoning). 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 Marion C. Cabbage
Address P.O. Box 95, 182 Hwy 77 Burns KS 66840 Phone 620-726-5595
Agent _____
Address _____ Phone _____

B. Applicant/Owner Josette R. Cabbage
Address P.O. Box 95, 182 Hwy 77 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. The applicant hereby requests a change of zone from Rural Agricultural zoning district to Rural Residential zoning district for 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.)

Starting at NE Corner of NE 1/4 of NW 1/4 Sec 33 Twp 22 Rng 05
South along by section line 750 ft. to Point of Beginning.

Please See Attached Sheet For
Metes & Bounds Description.

3. The dimensions of the property are 880 feet by 290 feet and 6.4 acres or _____ square feet in area.

4. The general location may be described as: 1/2 Mile N. Burns
From The intersection of Highway 77 + 20th Street
The Tract of Land That lays South of 20th East of Highway
77.

5. I request this change in zoning for the following reasons. (Do not include reference to proposed uses for a rezoning.) Relocation of U.S. Highway 77
will Sever 1.13 Acres & Consume 3.9 Acres of
Present Tract of 11.5 Acres.

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.

Marion C. Cullage
(Owner)

Josette D. Cabbage
(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 _____ (__.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