

MARION COUNTY COURTHOUSE

MARION COUNTY KANSAS

OFFICE OF THE PLANNING COMMISSION

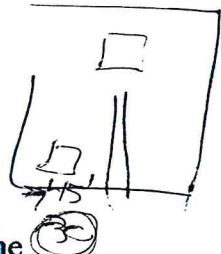
RECEIVED

AUG 19 2003

Marion Health Department

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.

75

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 Douglas Koehn
Address 2079 Alamo Lehigh, KS 67813 Phone 620-483-3077
Agent _____
Address _____ Phone _____

B. Applicant/Owner Scott Koehn
Address 335 230th Lehigh, KS 67025 Phone 620-483-3455
Agent _____
Address _____ Phone _____

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

Signature of Record Land Owner: Douglas Koehn - Scott Koehn
(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):

~~Application is being made for a variance on a Hayshed that is 45' from property line for property located at: 2079 Alamo Lehigh, KS 67023~~
Application is being made for a Variance on a Hayshed that is 45' from Property line for property located at: 2079 Alamo Lehigh, KS 67023

and legally described as: _____

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

NO 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.

Douglas Koch
(Owner)

Scott Koch
(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