

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)



MARION COUNTY COURTHOUSE

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 PAUL R. MORSE ^{Trustee for} PAUL R. MORSE TRUST
 Address 2033 Ridgeview Rd Phone 785-827-8482
 Agent _____
 Address Salina, KS 67401 Phone _____

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

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

Signature of Record Land Owner: [Signature]
 (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): Variance of 5' from Back Fence instead of 10' to add on to existing garage size 18x20' adding on 10' to back making a 28x20' same distance from fence as my garage on lot 6 (own lot 6 & 7)
 for property located at: #7 Pioneer Ct, Marion Co, Lake Marion, KS 66861
 and legally described as: All of Lot 6, Schlotthaver Add. to the Marion Co. Park & Lake
 in the County which is presently zoned as the _____ District.

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.

Paul Miller
(Owner)

(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