

MARION COUNTY, KANSAS
APPLICATION FOR ACCESSORY ZONING PERMIT

1. Permit Application # _____ Date: _____

2. Name of Applicant: _____ Phone: _____

Address: _____

3. 911 Property Address: _____

4. Legal Description: _____

Following description and in conformance with all provisions and law in effect pertaining thereto.

5. Is the property located within a designated floodplain: (Yes) _____ (No) _____

6. Is the property located within a watershed dam breach area: (Yes) _____ (No) _____

7. Existing Use: _____ Proposed Use: _____

8. Lot or Tract Information:

Street Frontage _____

Width _____

Depth _____

Acres _____

9. Sanitarian Information:

Sewer System Approved by
Health Department? (Yes) _____ (No) _____

Water System Approved by
Health Department? (Yes) _____ (No) _____

10. Building Information:

Width _____

Depth _____

Height _____

Floors (Numbers) _____

Property Zoning _____

11. Setback Information (in feet):

ACTUAL

To be filled out by Applicant

REQUIRED

To be Filled out by Zoning Director

Front Yard _____

Side Yard _____

Rear Yard _____

Off Street Parking _____

12. Estimated Project Cost: _____

13. Contractor Name: _____

