

**MARION COUNTY, KANSAS
APPLICATION FOR 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:

9. Sanitarian Information:

Street Frontage _____

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

Width _____

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

Depth _____

Acres _____

10. Building Information:

Width _____

Property Zoning _____

Depth _____

Height _____

Floors (Numbers) _____

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: _____

COORDINATION OF ROADWAY SYSTEM

Return this form to the Planning Office

DATE: _____ OWNER/APPLICANT: _____

- Existing/established site-No further road construction/upgrade is required.
- Construction/upgrade- An application has been submitted to the Zoning Department to

–construct – alter –relocate – demolish

a structure currently used or to be used as a:

- | | |
|--|---|
| <input type="checkbox"/> – Single Family Dwelling | <input type="checkbox"/> – Industrial Structure |
| <input type="checkbox"/> – Multi-Family Dwelling | <input type="checkbox"/> – Commercial Structure |
| <input type="checkbox"/> – Accessory Building | <input type="checkbox"/> – Limited Residential Dwelling |
| <input type="checkbox"/> – Temporary/Seasonal Business | <input type="checkbox"/> – Other _____ |

To be located on the following property:

Legal Description _____ Property Size: _____ (total acreage)

Section _____, Township _____, Range _____

Street (911) Address: _____

Township in which property is located: _____

Phone number to be reached: _____

I hereby acknowledge that information submitted is correct to the best of my knowledge. I understand that it is my responsibility to coordinate with the appropriate entity about applicable road maintenance to the site.

Signature of Property Owner / Applicant Date

- **No zoning permit will be issued without all proper applicable fees; including but not limited to culvert/rock/ & dirt work expenses. Fees must be paid in full and utilities must be installed.**

Acknowledgement of County Road Department

(This portion is to be completed by Marion County Road Dept.)

Is payment of any applicable road improvement assessment required? (Yes)____ (No) ____

If so, has payment been received? (Yes)____ (No) ____

Receipt # _____ Date Paid _____

Signature _____ Title _____