## 

## APPLICATION FOR REZONING

## **CITY OF LEXINGTON**

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	or an amendment to the zoning map, items 1 through 12 must be filled out <u>completely</u> before <u>septance</u> of this application for processing.
1.	Property Owner's Name Neils C. McDermott & Virginia A. McDermo
2.	Property Owner's Address Grand Island NE
3.	Telephone Number (Home) $\nearrow$ $\nearrow$ (Work)
4.	Developer's Name Council for Economic Development
5.	Developer's Address Lexington NE
6.	Telephone Number (Home) NA (Work)
7.	Present Use of Subject Property Agriculture
8.	Proposed Use of Subject Property Residential Neighbor hood
9.	Present Zoning Al Requested Zoning Requested Zoning
10.	Legal Description of Property Requested to be Rezoned
	Approximate Street Address and Location South Adams
11.	Area of Subject Property, Square Feet and/or Acres 9.1 acres as platted
12.	North: Radiacent Properties (including zoning and actual use)  North: Radiacent Properties (including zoning and actual use)  South: Radiacent Properties (including zoning and actual use)  West: Radiacent Properties (including zoning and actual use)  West: Radiacent Properties (including zoning and actual use)
The ( ) ( ) ( ) ( ) ( ) ( )	Justification of Rezoning ( ) Written Statement of Authorization from all Property Owners
for of ]	Ve, the undersigned, do hereby acknowledge that I/We do agree with the provisions and requirements an application for rezoning as described above. I/We the undersigned do hereby agree to allow City Lexington employees or agents working for the City of Lexington to enter the above referenced operty as it pertains to this application.
Sig	mature of Owner Signature of Applicant

Supplies on behalf of owner -



