



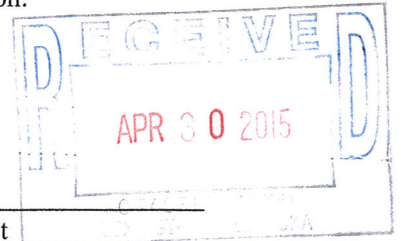
Application for Conditional Use Permit

- 1. Applicant's Name Islamic Center Of Lexington
- 2. Applicant's Address 121 E 4th Street ^{P.O.} BOX 151 Lexington, NE, 68850
- 3. Applicant's Telephone Number 308-325-5818, 612-735-7546
- 4. Owner's Name Javier Quintero
- 5. Owner's Address 909 Santa Fe DR Lexington, NE, 68850
- 6. Owner's Telephone Number 308-217-2949
- 7. Purpose of Conditional Use Permit Islamic worship Place Mosque
- 8. Present Zoning Commercial
- 9. Within City Limits Yes Within Zoning Jurisdiction Yes
- 10. Legal Description Commercial Property
- 11. Street Address of Property or Approximate Location
121 E 4th street Lexington, NE. 68850
- 12. Site Plan (if applicable) Plan to make Islamic worship Place Mosque

I/We the undersigned do hereby acknowledge that I/We do fully understand and agree to comply with the provisions and requirements for an application for a special use permit as described above. I/We the undersigned do hereby agree to allow City of Lexington employees or agents working for the City of Lexington, to enter the above referenced property as it pertains to this application.

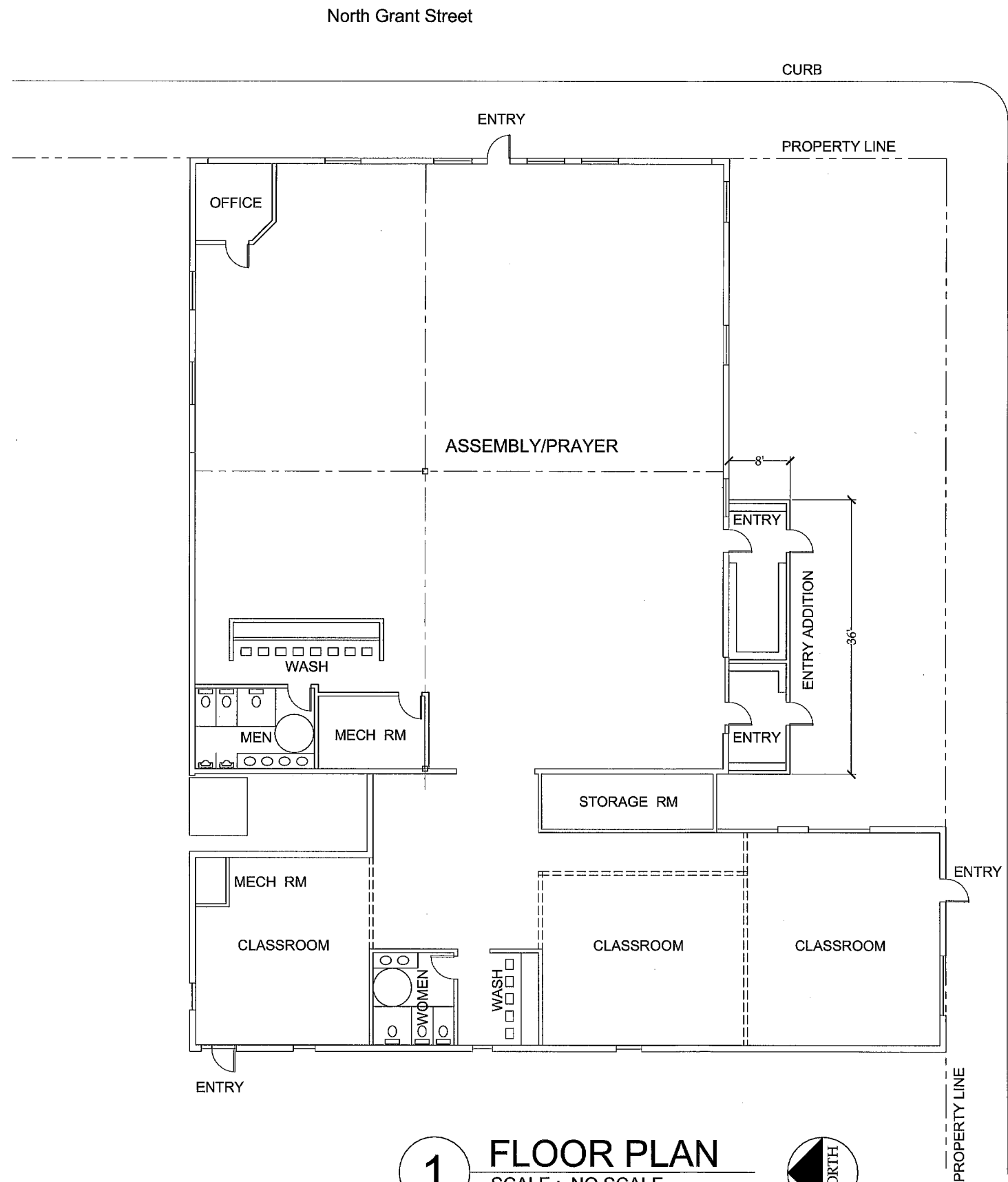
[Signature]
Signature of Owner

[Signature]
Signature of Applicant



Administrative Use Only	
Date Submitted <u>4/30/15</u>	Case Number _____
Filing Fee <u>\$100.00</u>	Accepted By _____
Cert. Of Ownership _____	Date Advertised <u>10/24/15</u>
Date Sign Posted _____	Date of Public Hearing <u>PC 10/27/15 11/4/15</u>

Council 11/24/15



ASSEMBLY/PRAYER
 4,794 s.f. / 12 = 400 occupants

East 4 th Street

CLASSROOMS
 2,478 s.f. / 30 = 83 occupants

1 FLOOR PLAN
 SCALE : NO SCALE



ISLAMIC CENTER
 401 NORTH GRANT STREET
 LEXINGTON, NEBRASKA 68850
 CA1502

Issue	Date
SUBMITTAL	05 - 20 - 15

FLOOR PLAN
A - 1
 CA1502