

APPLICATION FOR REZONING

*For an amendment to the zoning map, items 1 through 12 must be filled out completely before acceptance of this application for processing.

	1.	1. Property Owner's Name Shane and Cindy Huxoll		
	2. Property Owner's Address 204 W. River Road, Lexington, NE 68850			
	3.	Telephone Number 308-962-6162	E-Mail Address	
	4.	Developer's Name Same		
	5.	Developer's Address Same		
	6.	Telephone Number Same	E-Mail Address	
	7.	Present Use of Subject Property Residential		
	8. Proposed Use of Subject Property Residential			
	9.	Present Zoning A-1	Requested Zoning R-1	
		Legal Description of Property Requested to		
	11.	Approximate Street Address and Location 204 W. River Road 11. Area of Subject Property, Square Feet and/or Acres I can figure the acreage.		
	12. Zoning of Adjacent Properties			
		North: A1 East: A1	33.7 m.d. A.1	
	The following information must be submitted at the time of application: () Vicinity Map () Copy of Site Plan (8 ½ X 11 or digital copy) I/We, the undersigned, do hereby acknowledge that I/We do agree with the provisions and requirements for an application for rezoning 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. Shane and Cindy Huxoll Brian J Davis			
By: Signature of Owner By: Brian J. Davis Signature of Applicant Administrative Use Only			Signature of Applicant	
			trative Use Only	
	Fili Cer	e Submitted ng Fee\$100.00 t. Of Ownership e Sign Posted	Case Number Accepted By Date Advertised Date of Public Hearing	
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