

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. Property Owner's Name St. Anns Church
2. Property Owner's Address P.O. Box 578, Lexington, NE 68850
3. Telephone Number (308) 324-2646 4647 E-Mail Address stannscatholic@gmail.com
4. Developer's Name Same
5. Developer's Address
6. Telephone Number E-Mail Address stannscatholic@gmail.com
7. Present Use of Subject Property Agriculture
8. Proposed Use of Subject Property Residential
9. Present Zoning R-1, R-2, A-1, A-2 Requested Zoning R-3
10. Legal Description of Property Requested to be Rezoned Please see attachment

Approximate Street Address and Location Taft Street, 3rd Street to 13th Street

11. Area of Subject Property, Square Feet and/or Acres Approximately 114 Acres

12. Zoning of Adjacent Properties

North: A-1
East: A-1

South: R-4
West: A-1

The following information must be submitted at the time of application:

- ( ) Vicinity Map
( ) Copy of Site Plan (8 1/2 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.

Signature of Owner

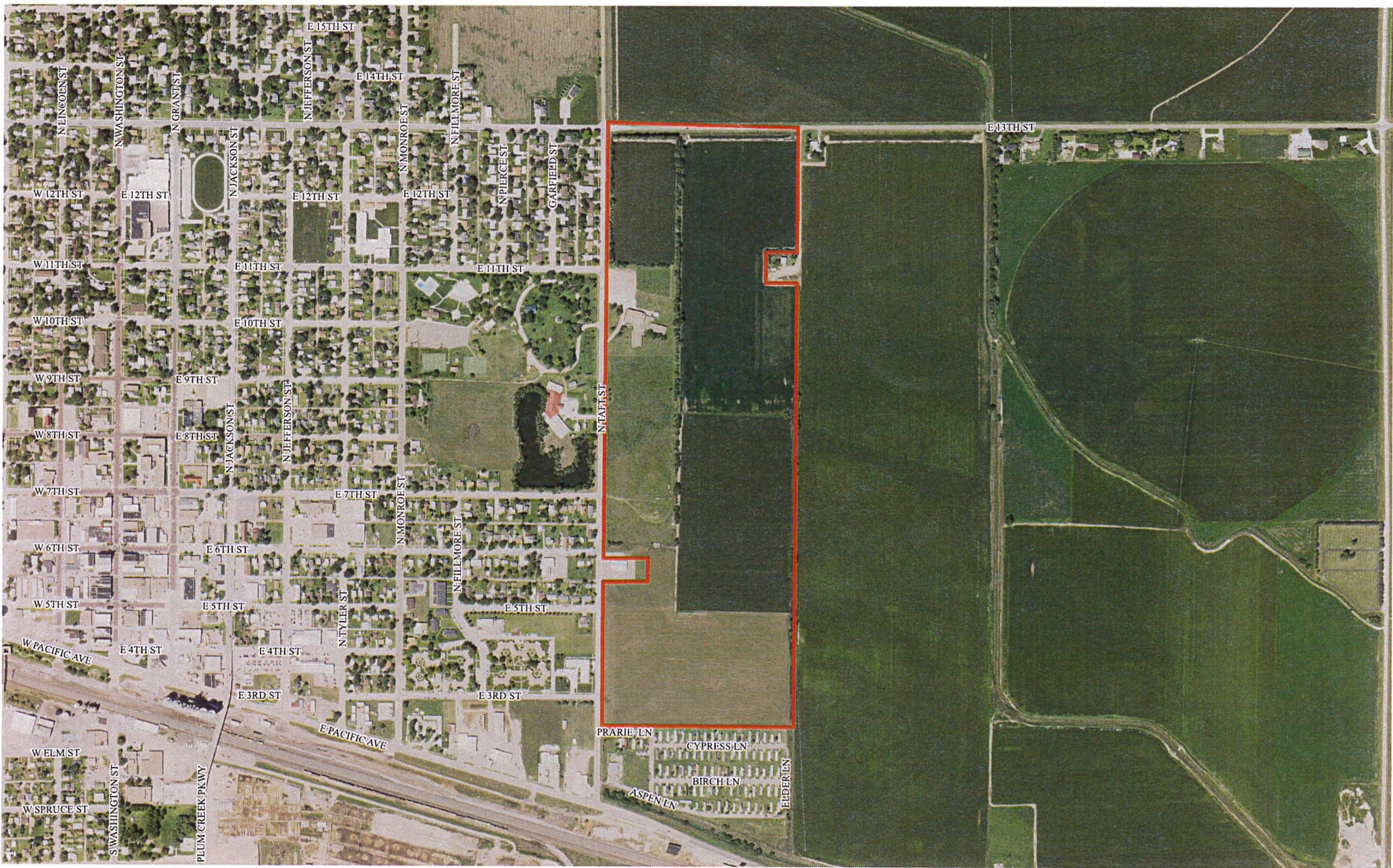
Signature of Applicant

Administrative Use Only

Date Submitted 9/17/19
Filing Fee \$100.00
Cert. Of Ownership
Date Sign Posted

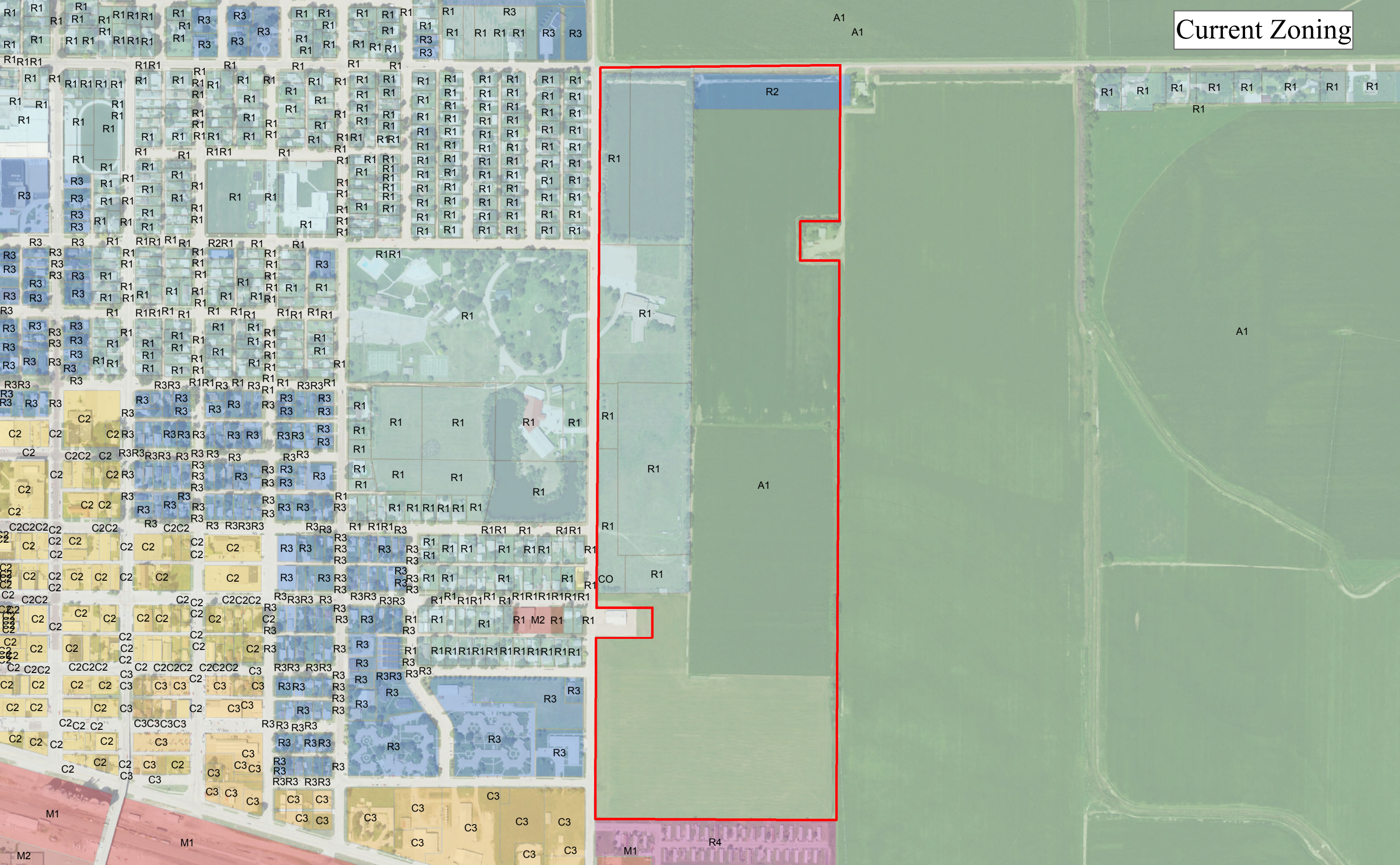
Case Number
Accepted By
Date Advertised PC 9/21/19
Date of Public Hearing PC 10/2/19





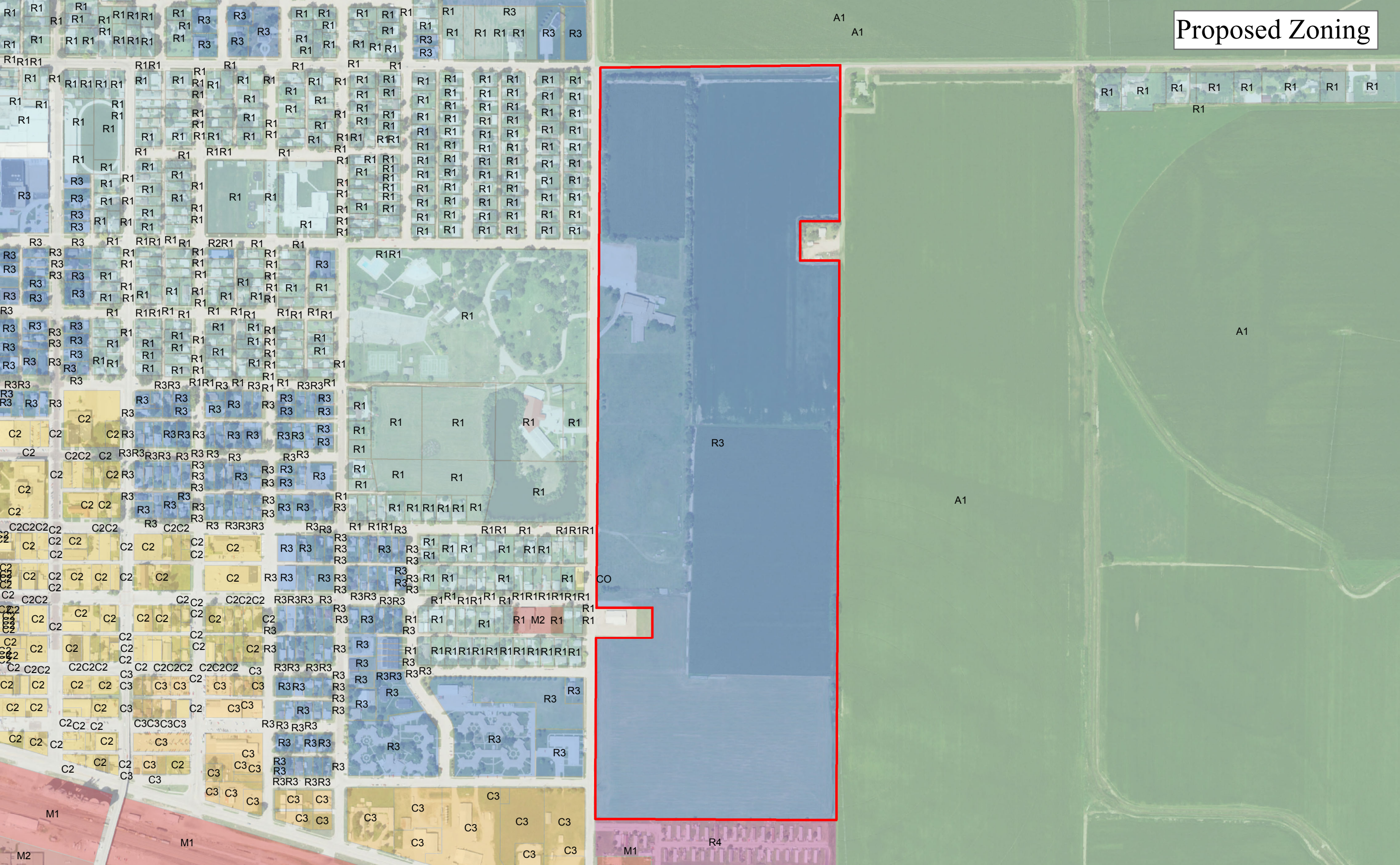


# Current Zoning





# Proposed Zoning





# Future Land Use

