Filing	Submitted 1/34/0% Case Number Accepted By Date Property Posted
SUB	DIVISION PLAT APPLICATION CITY OFLEXINGTON
 1. 2. 3. 	Applicant's Name Trenton Snow PO Box 1772 Applicant's Address 1309 Central Ave Kearney NE 68848-1772 Applicant's Telephone Number 308-234-1764
4.	Within City Limits No Within Zoning Jurisdiction Yes
Date	Paid Diving Dillath Iren for Smow Signature Of Applicant

inistrative Use Only
Case Number Accepted By Date Advertised Date of Public Hearing

APPLICATION FOR REZONING

CITY OF LEXINGTON

*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 <u>Irving Hiatt</u>
2. Property Owner's Address <u>9676</u> W Jay's Rd North Platte, NE 69101 Telephone Number (Home) <u>308 -530 - 4645</u> (Work) Developer's Name Treaton Snow 5. Developer's Address PO Box 1772 Kearney NE 68848-1772 Telephone Number (Home) <u>308-234-1764</u> (Work) 7. Present Use of Subject Property <u>Campgrounds</u> 8. Proposed Use of Subject Property Light Industrial 9. Present Zoning A - Requested Zoning M - 1 10. Legal Description of Property Requested to be Rezoned Lots 1, 2, 3 #4 Westminster Wood Subdivision Approximate Street Address and Location 154 E River Rd 11. Area of Subject Property, Square Feet and/or Acres ____! 3, 31 12. Characteristics of Adjacent Properties (including zoning and actual use) South: Reposed Residential + Platte River West: Residential North: Interstate 80
East: Undeveloped Ground The following information must be submitted at the time of application: Application Fee () () Vicinity Map Justification of Rezoning Written Statement of Authorization from all () () Blueline copies of site plan) **Property Owners** () Reduced copy of site plan 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

<u>A</u>	dministrative Use Only
Date Submitted	Case Number Accepted By Date Advertised Date of Public Hearing

Al	PPLICATION FOR REZONING CITY OF LEXINGTON
*Fo	or an amendment to the zoning map, items 1 through 12 must be filled out <u>completely</u> before <u>eptance</u> of this application for processing.
1.	Property Owner's Name Truing Hint
2.	Property Owner's Address 9676 W. JAYS ROAD
	Telephone Number (Home) 530 - 4645 (Work)
4.	
5.	Developer's Address 1309 Central Ave., P.O. Box 1772, Kenry NE 6884
6.	Telephone Number (Home) 530-4645 (Work) (308) 734-1764
7.	Present Use of Subject Property (Amp Grounds
8.	Proposed Use of Subject Property
9.	Present Zoning Requested Zoning & Z
10.	Legal Description of Property Requested to be Rezoned 65 5, 6,7 of Westminister Woods Subdivision
	Approximate Street Address and Location 154 E. River Road
11.	Area of Subject Property, Square Feet and/or Acres 7.16 Mcres
	Characteristics of Adjacent Properties (including zoning and actual use) North: Proposed M1, Current M1 South: Not Applicable platte River East: Undeveloped Ground West: LI, LAKOLA Conding
The	e following information must be submitted at the time of application:
(X) (X) €	Application Fee (X) Vicinity Map Justification of Rezoning () Written Statement of Authorization from all
(-L 7
()	Reduced copy of site plan
for of I	e, 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 exington employees or agents working for the City of Lexington to enter the above referenced party as it pertains to this application.
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Sig	nature of Owner Standard of Andiana

Signature of Owner

Signature of Applicant