



Application for Conditional Use Permit

- 1. Applicant's Name Lexington Public Schools
2. Applicant's Address 300 S. Washington St PO Box 890 Lexington, NE 68850
3. Applicant's Telephone Number (308) 324-2528
4. Owner's Name Same
5. Owner's Address Same
6. Owner's Telephone Number Same
7. Purpose of Conditional Use Permit Educational Use in a C-3 Zone
8. Present Zoning C-3
9. Within City Limits Yes Within Zoning Jurisdiction Yes
10. Legal Description N180FT LOT 3 BOWENS FIRST ADD
11. Street Address of Property or Approximate Location 310 S Washington Street
12. Site Plan (if applicable)

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.

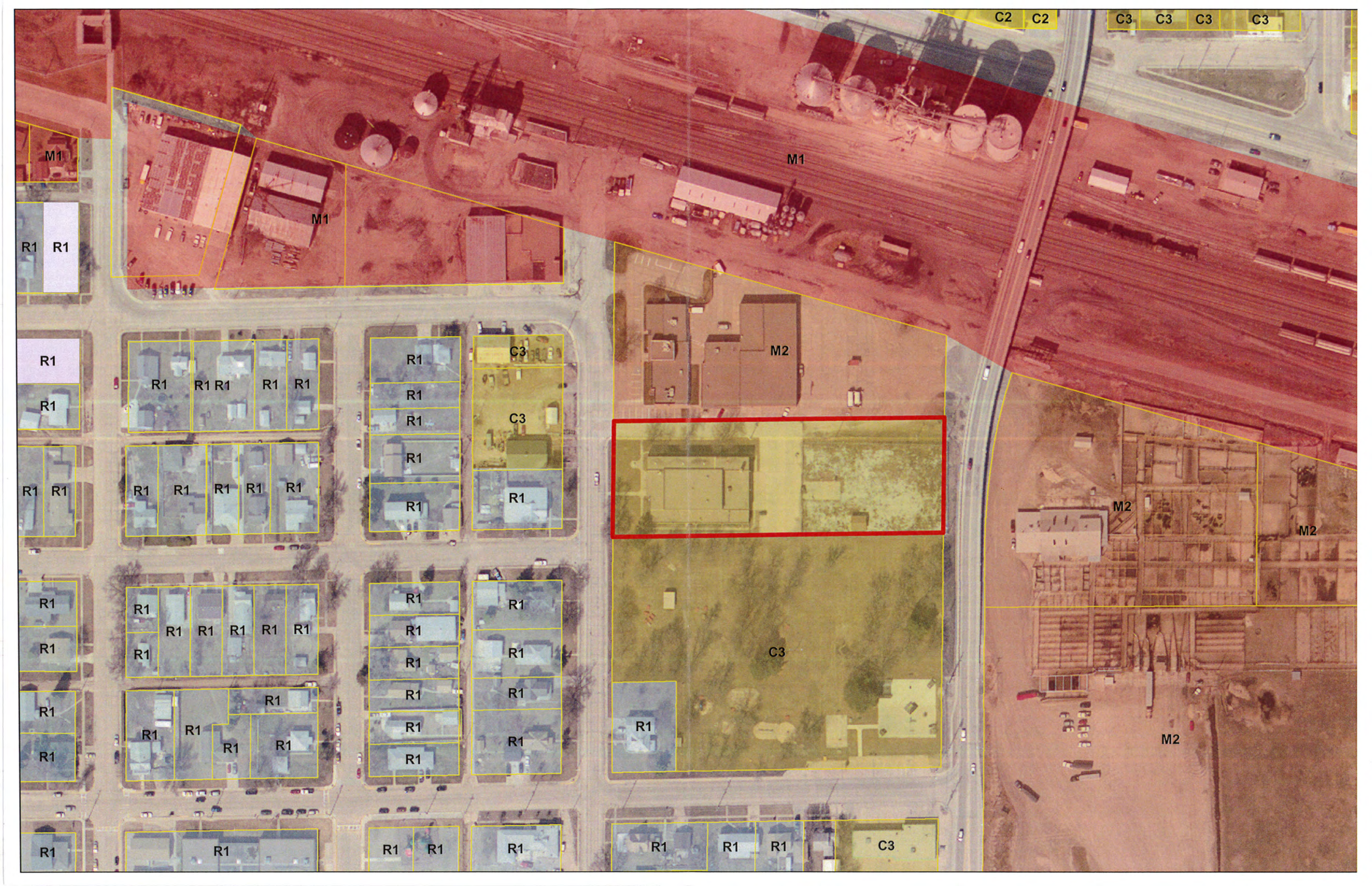
Signature of Owner

Signature of Applicant



Administrative Use Only

Date Submitted
Filing Fee \$100.00
Cert. Of Ownership
Date Sign Posted 6/3/14-PC
Case Number
Accepted By
Date Advertised
Date of Public Hearing 7/2/14 PC



C2 C2

C3 C3 C3 C3

M1

M1

M1

R1 R1

R1

R1 R1 R1 R1

R1

C3

M2

R1

R1

C3

R1 R1

R1 R1 R1 R1 R1

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M2

R1

R1

R1

R1

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R1

R1

R1

C3