



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 Ronald L. Masten and Cindy G. Masten, Husband and Wife
- 2. Property Owner's Address P.O. Box 121 Thedford, NE 69166
- 3. Telephone Number (308) 650-9321 E-Mail Address _____
- 4. Developer's Name Ronald L. Masten
- 5. Developer's Address P.O. Box 121, Thedford, NE 69166
- 6. Telephone Number (308) 650-9321 E-Mail Address _____
- 7. Present Use of Subject Property Residential
- 8. Proposed Use of Subject Property Residential
- 9. Present Zoning Agricultural (A-1) Requested Zoning Residential (R-1)
- 10. Legal Description of Property Requested to be Rezoned See Attached.

Approximate Street Address and Location 190 W. River Road, Lexington, NE 68850

11. Area of Subject Property, Square Feet and/or Acres 8.28

12. Zoning of Adjacent Properties

North: N/A South: Agricultural
 East: Agricultural West: Agricultural

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 10/20/16
 Filing Fee \$100.00
 Cert. Of Ownership _____
 Date Sign Posted _____

Case Number _____
 Accepted By _____
 Date Advertised _____
 Date of Public Hearing _____

Current Zoning



Proposed Zoning

