



APPLICATION FOR SUBDIVISION

Date Filed: _____

*For a subdivision plat application to be considered, the subdivision plat checklist must be completed.

- 1. Property Owner's Name TL Sund Constructors Inc.
- 2. Property Owner's Address P.O. Box 826, Lexington, NE 68850
- 3. Telephone Number (308) 324-5186 E-Mail Address deb@tlsund.com

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.

Debra Sund
Signature of Owner

Debra Sund
Signature of Applicant

Administrative Use Only

Date Submitted _____

Filing Fee \$100.00 _____

Cert. Of Ownership _____

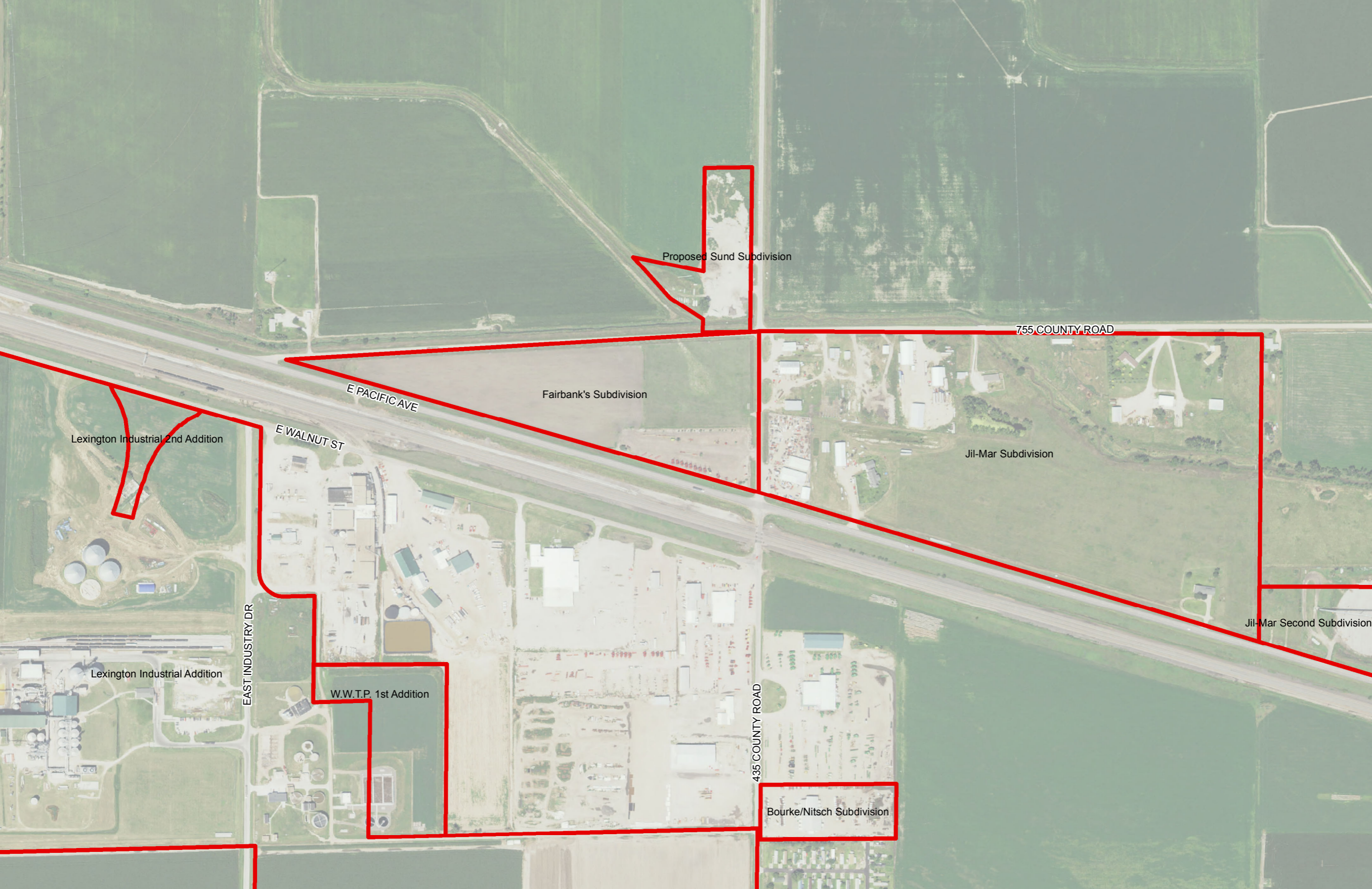
Date Sign Posted _____

Case Number _____

Accepted By _____

Date Advertised _____

Date of Public Hearing _____



Proposed Sund Subdivision

755 COUNTY ROAD

Fairbank's Subdivision

E PACIFIC AVE

Jil-Mar Subdivision

E WALNUT ST

Lexington Industrial 2nd Addition

Jil-Mar Second Subdivision

EAST INDUSTRY DR

Lexington Industrial Addition

W.W.T.P. 1st Addition

435 COUNTY ROAD

Bourke/Nitsch Subdivision