



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.

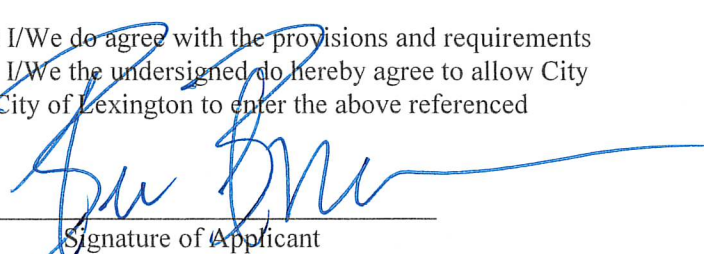
1. Property Owner's Name Lexington, HIE, LLC\City of Lexington
2. Property Owner's Address 1000 O Street, Lincoln, NE 68508
3. Telephone Number -- E-Mail Address --
4. Developer's Name Same
5. Developer's Address
6. Telephone Number E-Mail Address
7. Present Use of Subject Property Currently unused
8. Proposed Use of Subject Property Hotel
9. Present Zoning M-1 Requested Zoning C-3
10. Legal Description of Property Requested to be Rezoned TRACT 1 OF ADMIN REPLAT OF LOT 9 IN REPLAT OF SOUTHEAST SECOND ADD
- Approximate Street Address and Location 2812 Heartland Road
11. Area of Subject Property, Square Feet and/or Acres 2.4 Acres
12. Zoning of Adjacent Properties
North: M-1 South: C-3
East: M-1 West: C-3

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 _____
Filing Fee \$100.00
Cert. Of Ownership _____
Date Sign Posted _____

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

