

Administrative Use Only

Date Submitted _____
Filing Fee - \$100.00 Date Paid - _____
Date Advertised _____

Case Number _____
Accepted By _____
Date Property Posted _____

SPECIAL USE PERMIT APPLICATION

CITY OF LEXINGTON

1. Applicant's Name _____ Don E. Price _____
2. Applicant's Address _____ 401 S. Adams _____
3. Applicant's Telephone Number _____ 308-325-2354 _____
4. Owner's Name _____
5. Owner's Address _____
6. Owner's Telephone Number _____
7. Purpose of Special Use Permit _____ Establish mobile home spaces _____
8. Present Zoning _____ R4 _____
9. Within City Limits Yes _____ Within Zoning Jurisdiction Yes _____
10. Legal Description _____ Price's Third Addition _____
11. Street Address of Property or Approximate Location _____ West Maple St. _____

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

Lockhart's 2nd Subdivision

PRICE DR

Price's Addition

C.L. Ervins Addition Replat Of The South 1/2 Of Block 9

SPRUCE W

Price's Third Addition

Prices 2nd Addition

ONTARIO S

C.L. Ervins Subdivision

Lockhart's Subdivision

MAPLE W

JAMELIRD

WALNUT ST W

WALNUT W

Anderson's Subdivision

West Acres First Subdivision Replat

West Acres First Subdivision