

## **APPLICATION FOR SUBDIVISION**

Date Filed:					
*For a subdivision plat application to be co	onsidered, the subdivision plat checklist must be completed.				
1. Property Owner's Name					
2. Property Owner's Address					
3. Telephone Number	E-Mail Address				
for an application for rezoning as described	edge that I/We do agree with the provisions and requirements d above. I/We the undersigned do hereby agree to allow City for the City of Lexington to enter the above referenced				
Signature of Owner	Signature of Applicant				
Admini	istrative Use Only				
Data Suhmittad	Cosa Number				
Date Submitted Filing Fee\$100.00	Case Number Accepted By				
Cert. Of Ownership	Date Advertised				
Date Sign Posted	Date of Public Hearing				



## Plat Checklist

	Owner Engine	vision:  ceer/Architect:  of Hearing:		
	_	g checklist is to be completed by the Building Inspector and shall a smitted to the Planning Commission	accompai	ny the
5. Does the Plat contain the fo		the Plat contain the following?	Yes	No
a. Name of Subdivisio		Name of Subdivision		
	b.	Location of boundary lines and reference to section or quarter-section lines		
	c.	Legal Description complete with Section, Township, Range, Principal Meridian and City		
	d.	Name and Address of Owner		
	e.	Name of Engineer/Architect		
	f.	Scale		
	g.	Date of preparation and basis for north		
	h.	Current zoning classification		
	i.	Name of adjacent subdivisions with arrangement of streets and lots		
	j.	Topography		
	k.	Arrangement of lots; including dimensions		
	1.	Location of streets, alleys, pedestrian ways and easements; including dimensions		
6.	6. Does the proposed subdivision conform to the Comprehensive Plan?			
7.	. Are the lots sized appropriately for the zoning district?			
8.		rainage ways and other drainage facilities sufficient to nt flooding both on site and off site?		
9.	Do pro	oposed street grades and alignment meet requirements?		

Grand Island, NE 68802-1072