




Application for Conditional Use Permit

- 1. Applicant's Name Edgar Gutierrez
- 2. Applicant's Address 507 W. Vine Street
- 3. Applicant's Telephone Number 308-324-4150
- 4. Owner's Name Same
- 5. Owner's Address Same
- 6. Owner's Telephone Number _____
- 7. Purpose of Conditional Use Permit Savage Yard
- 8. Present Zoning M-2
- 9. Within City Limits Yes Within Zoning Jurisdiction Yes
- 10. Legal Description LOTS 4, 5, 6 & 7 BLK 2 J L MAYS ADD
- 11. Street Address of Property or Approximate Location
507 W. Vine Street
- 12. Site Plan (if applicable) _____

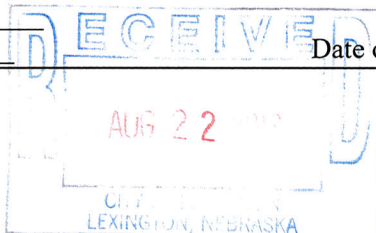
I/We the undersigned do hereby acknowledge that I/We do fully understand and agree to comply with the provisions and requirements for an application for a special use permit as described above. I/We the undersigned do hereby agree to allow City of Lexington employees or agents working for the City of Lexington, to enter the above referenced property as it pertains to this application.



Signature of Owner

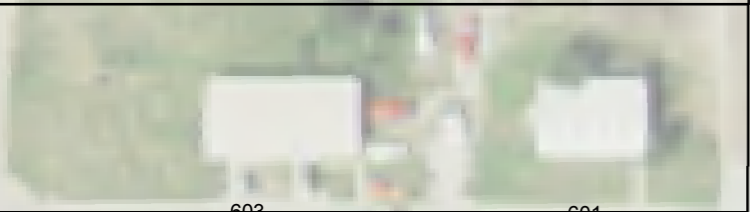
Signature of Applicant

| Administrative Use Only | |
|--------------------------------|------------------------------|
| Date Submitted _____ | Case Number _____ |
| Filing Fee \$100.00 _____ | Accepted By _____ |
| Cert. Of Ownership _____ | Date Advertised _____ |
| Date Sign Posted _____ | Date of Public Hearing _____ |





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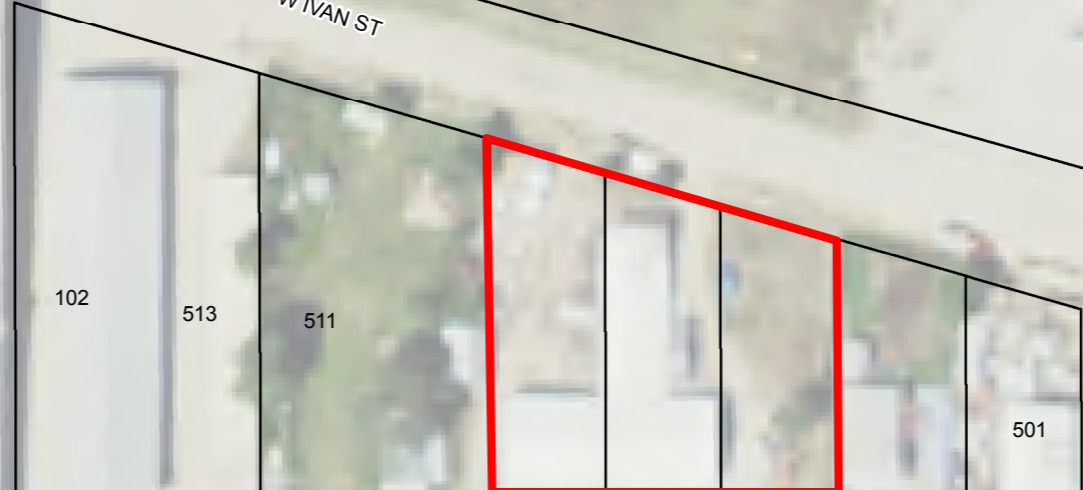


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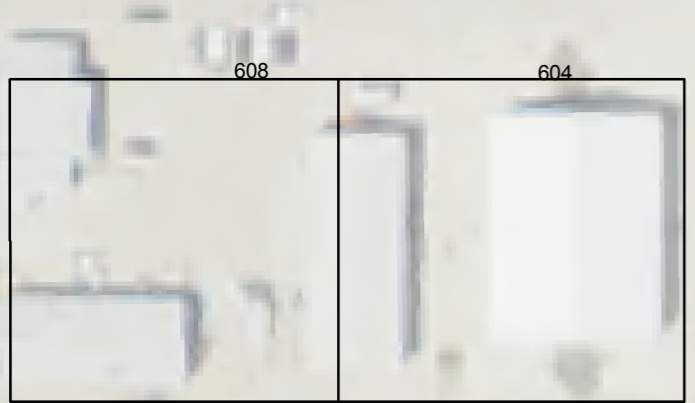
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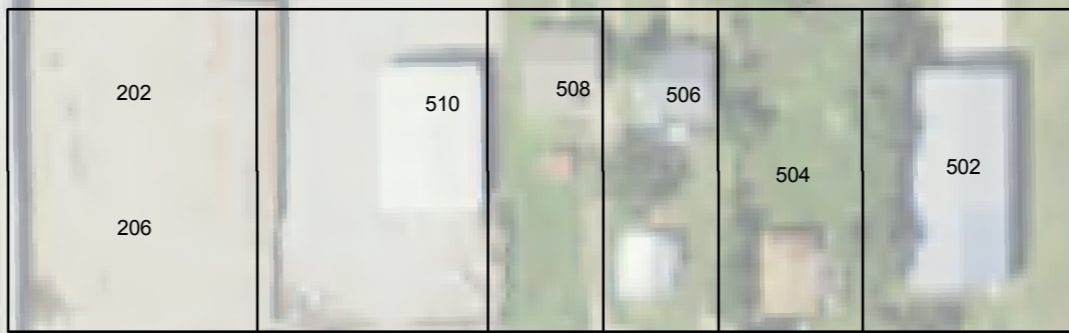
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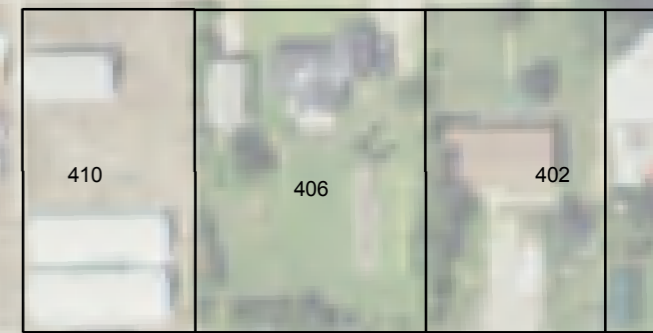
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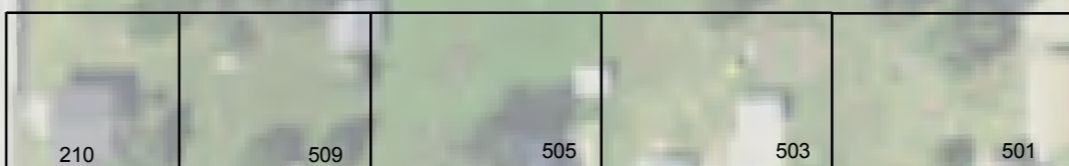
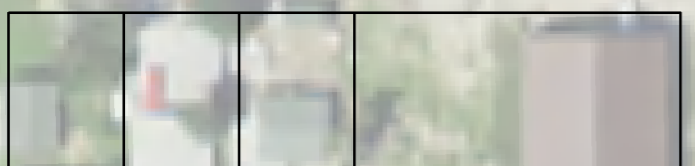
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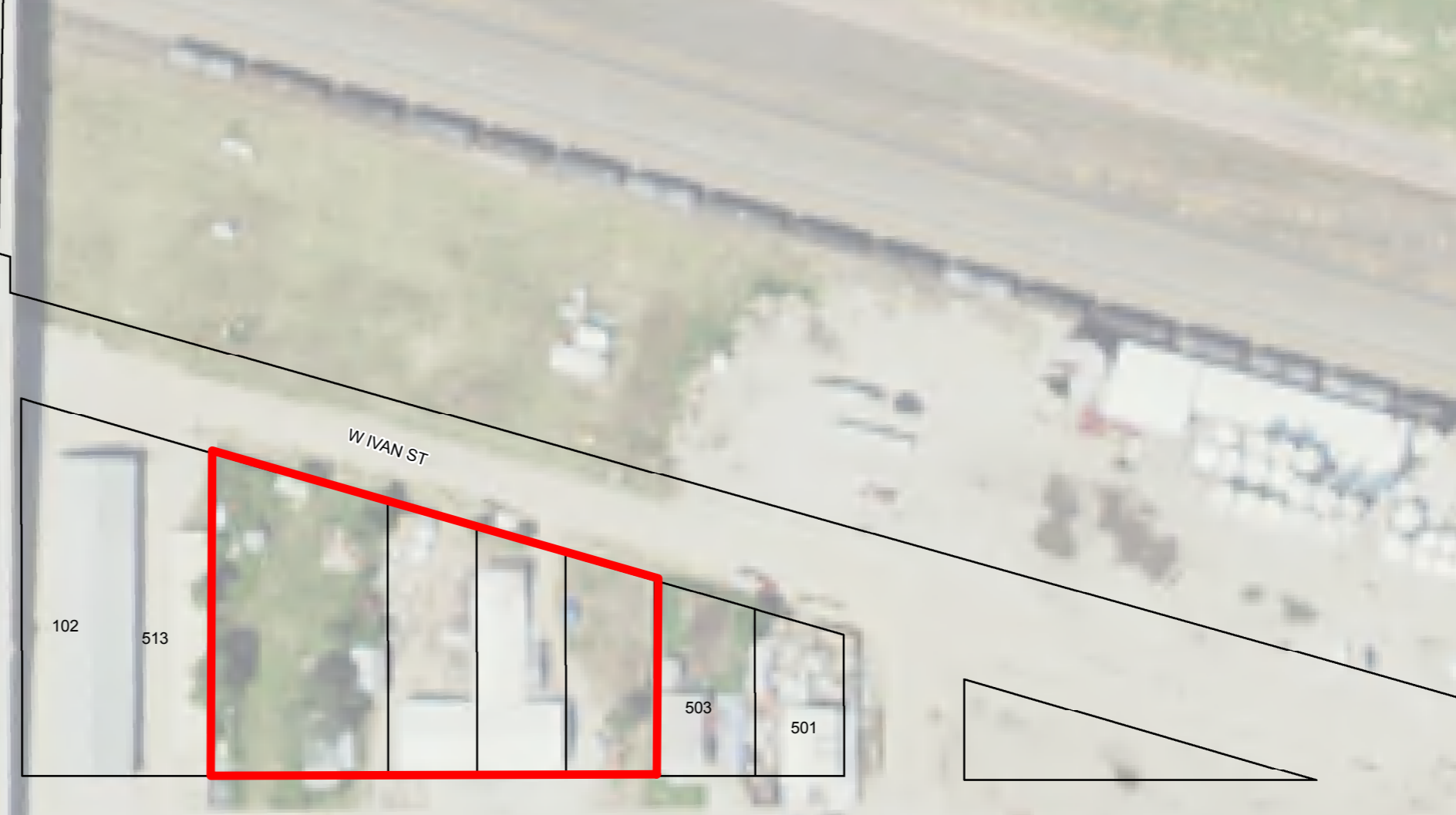
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W VINE ST



W IVAN ST

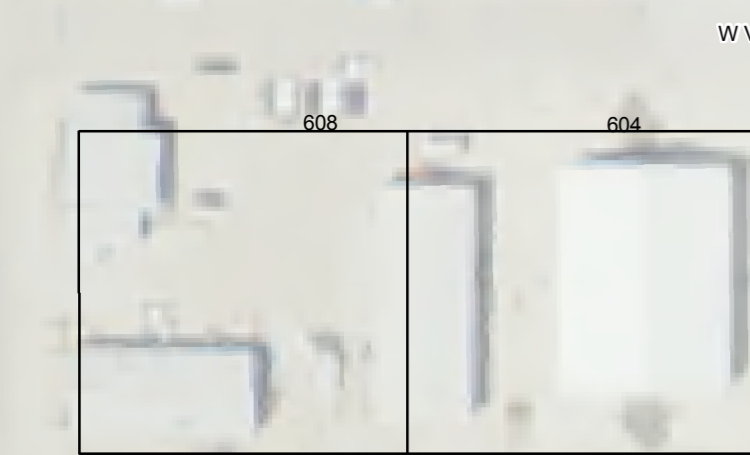
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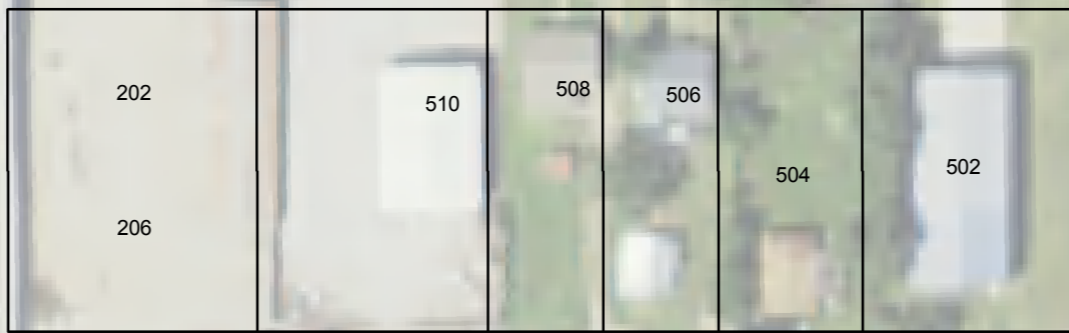
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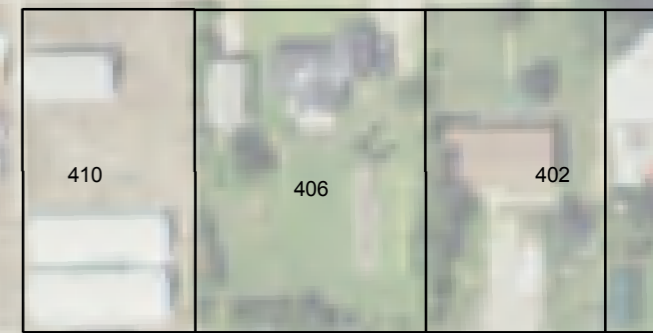
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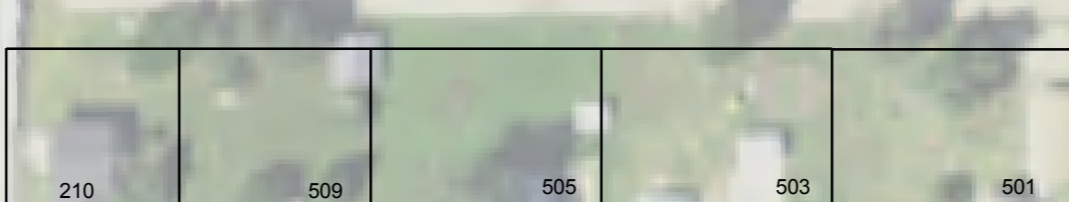
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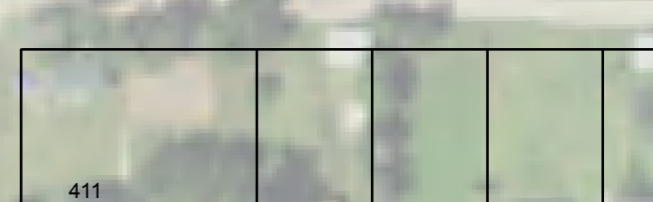
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