

**Application for Conditional Use Permit** 

1. <u>Applicant's Name forseincellon mer</u>
2. Applicant's Address 520 Nr Washington st
3. Applicant's Telephone Number 308-325-48-31
4. Owner's Name Diconce Elence Gonzalez
5. Owner's Address 603 Scott Lane Lexington Ne 68850
6. Owner's Telephone Number 308-325-48-31
7. Purpose of Conditional Use Permit Celebratians on Second Floor
8. <u>Present Zoning</u>
9. Within City Limits Ves Within Zoning Jurisdiction Ves
10. Legal Description
11. Street Address of Property or Approximate Location 520 N Wahnyly 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.

D-6-

Signature of Owner

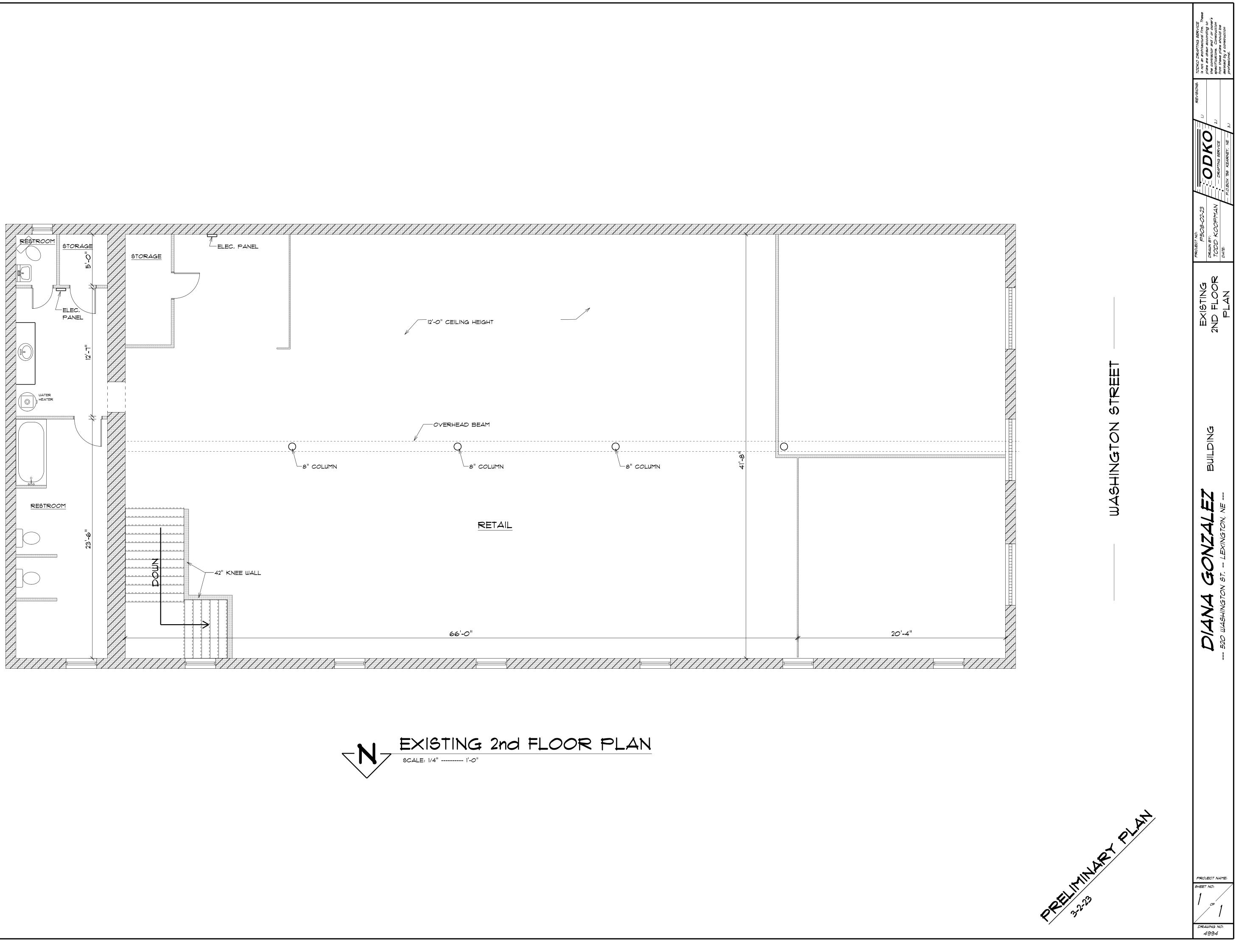
Signature of Applicant

Administrative Use Only					
Date Submitted <b>7.3-2023</b>	Case Number				
Filing Fee <u>\$100.00</u>	Accepted By				
Cert. Of Ownership	Date Advertised				
Date Sign Posted	Date of Public Hearing				

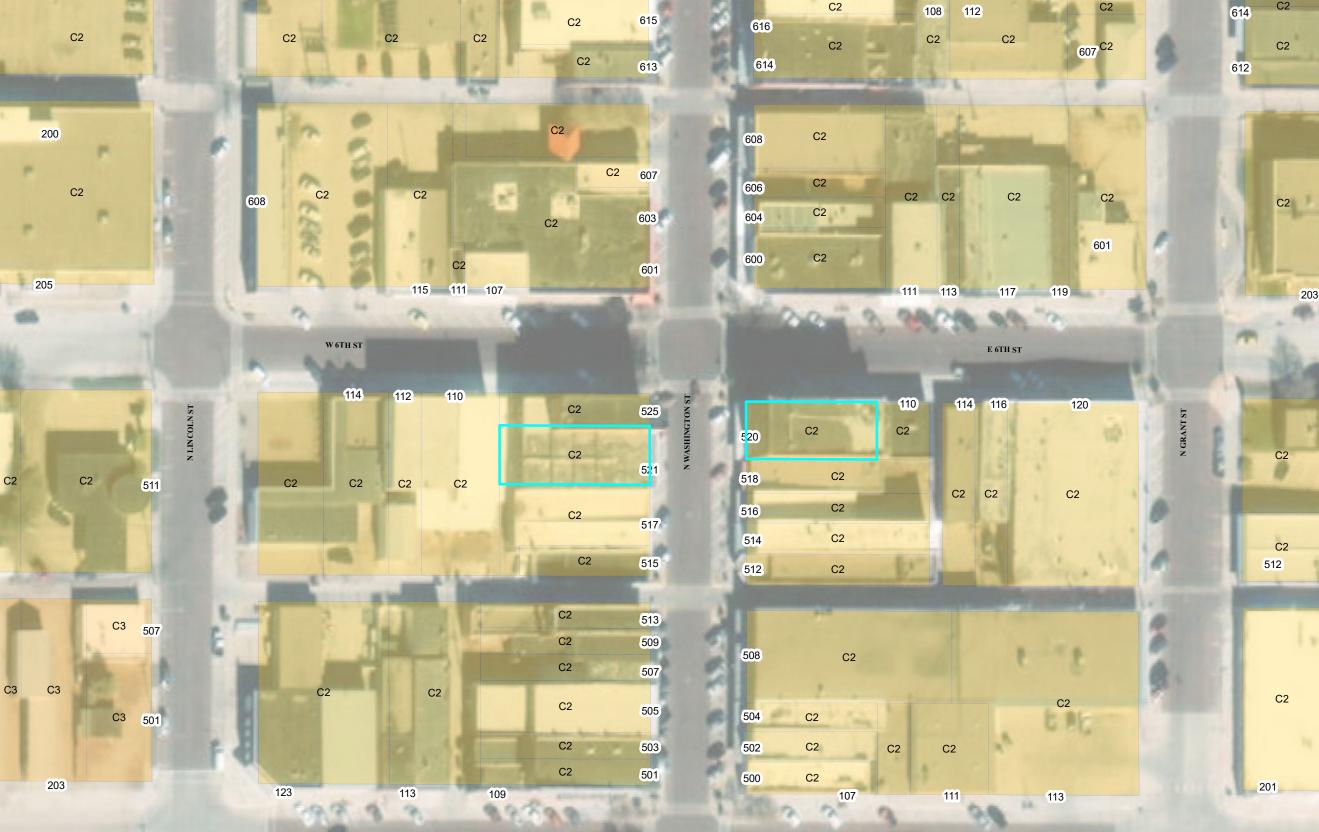
## Section 6.08 Standards

No conditional use permit shall be granted unless that Planning Commission or City Council has found:

- 6.08.01 That the establishment, maintenance, or operation of the conditional use will not be detrimental to or endanger the public health, safety, moral, comfort or general welfare of the community.
- 6.08.02 That the conditional use will not be injurious to the use and enjoyment of other property in the immediate vicinity for the purpose already permitted, nor substantially diminish and impair property values within the neighborhood.
- 6.08.03 That the establishment of the conditional use will not impede the normal and orderly development of the surrounding property for uses permitted in the district.
- 6.08.04 Adequate utilities, access roads, drainage, and/or necessary facilities have been or are being provided.
- 6.08.05 Adequate measures have been or will be taken to provide ingress and egress so designed as to minimize traffic congestion in the public streets.
- 6.08.06 The use shall not include noise which is objectionable due to volume, frequency, or beat unless muffled or otherwise controlled.
- 6.08.07 The use shall not involve any pollution of the air by fly-ash, dust, vapors or other substance which is harmful to health, animals, vegetation or other property or which can cause soiling, discomfort, or irritation.
- 6.08.08 The use shall not involve any malodorous gas or matter which is discernible on any adjoining lot or property.
- 6.08.09 The use shall not involve any direct or reflected glare which is visible from any adjoining property or from any public street, road, or highway.
- 6.08.010 The use shall not involve any activity substantially increasing the movement of traffic on public streets unless procedures are instituted to limit traffic hazards and congestion.
- 6.08.011 The use shall not involve any activity substantially increasing the burden on any public utilities or facilities unless provisions are made for any necessary adjustments.









## Nebraska State Fire Marshal Inspection Report

Facility Name	Fascination
Address	520 N Washington St, Lexington, NE
ZIP	68850
Facility Phone Number	
Inspector Name	Mike Hoeft
Inspector Badge#	8733
Inspector Agency	Nebraska State Fire Marshal
Inspector Email	mike.hoeft@nebraska.gov
Inspector Phone Number	308-530-9493
Number of Visits	
Date of Inspection	2022-12-20
Inspection Type	Consult
Status	Failed
Complete Corrections By	
Occupant Load	200
Fee Card	N/A
Fee Sheet/Facility ID Number	
Code Reviews	

Inspectors and Operator Staff Involved					
Lead Inspector	Badge #	Agency	Phone Number		
Mike Hoeft	8733	Nebraska State Fire Marshal	308-530-9493		
Owner / Responsible Party	Phone Number	email			
Diana Gonzalez					
Mailing Address: 520 N Washington, Lexington, Nebraska 68850					

All items must be corrected to comply with the laws of the State of Nebraska and with rules and regulations adopted by the State Fire Marshal as mandated by section 81-502 to 81-541.01 It is the duty of the owner or person in charge of the above-named facility to immediately take measures to bring the facility into compliance with state regulations. ALL CORRECTIONS SHALL BE MADE AND ALL ITEMS CORRECTED ON OR BEFORE undefined

If you have questions on this Order, contact Mike Hoeft by phone at 308-530-9493 or by Email at mike.hoeft@nebraska.gov

Inspector Comments / Notes	
Report completed by Deputy	Michael Hoeft
Date Signed	2022-12-20
Signature	michael Hout

Inspection Violations				
Failed Item	Status	Code		
Existing Assembly	-			
27. Number of means of egress Assembly occupancies with occupant loads of 600 or fewer	Fail	See below code 13.2.4*		
shall have two separate means of egress.				
41. Emergency Lighting	Fail	See below code 13.2.9		
The emergency lighting units shall be repaired to work properly.				

## Inspection Code Reference

- 13.2.4\* 2012 ed Number of Means of Egress.
  13.2.9 2012 ed Emergency Lighting.