



Application for Conditional Use Permit

- 1. Applicant's Name NUVIDIN NUV
- 2. Applicant's Address 618 N WASHINGTON ST
- 3. Applicant's Telephone Number 402-709-8475
- 4. Owner's Name NUVIDIN NUV
- 5. Owner's Address 619 N WASHINGTON ST #19
- 6. Owner's Telephone Number 402-709-8475
- 7. Purpose of Conditional Use Permit i want to live and rent
- 8. Present Zoning C2
- 9. Within City Limits yes Within Zoning Jurisdiction yes
- 10. Legal Description 00000127 N90FT W1/2 LOT 4 & S43 1/4FT N90 3/4FT LOT 5
S43 1/4FT OF N90 3/4FT LOT 6 BLOCK 36 OT
- 11. Street Address of Property or Approximate Location
618 N WASHINGTON ST LEXINGTON NE 68850
- 12. Site Plan (if applicable) yes

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.

NUVIDIN
Signature of Owner

NUVIDIN
Signature of Applicant

Administrative Use Only

Date Submitted 5/8/23
Filing Fee \$100.00
Cert. Of Ownership _____
Date Sign Posted _____

Case Number _____
Accepted By _____
Date Advertised 5/27/23 CC
Date of Public Hearing 6/7/23 CC; 6/27/23 CC

