



APPLICATION FOR REZONING

*For an amendment to the zoning map, it acceptance of this application for process	tems 1 through 12 must be filled out completely before sing.
1. Property Owner's Name	se figueroa - Ruie
2. Property Owner's Address	227 Drive 434 Lexington NE
3. Telephone Number (308) 651 0765 E-Mail Address JFR8051 @ Gmail. Com	
4. Developer's Name Josua	2 figueroa - Ruiz
5. Developer's Address 804	w Maple of Lexington NE
6. Telephone Number 308 (051	0765E-Mail Address JF 28051 @ Quail. (au
7. Present Use of Subject Property	toradge/Parking/office
8. Proposed Use of Subject Property	Single family Residential
9. Present Zoning A	Requested Zoning R-
10. Legal Description of Property Requested to be Rezoned 21-9-21 0000 834 Lot /	
Block 2 westministe	or woods Second SubDiv Pt Government Lot
Approximate Street Address and Loc	ation 75227 Drive 434 Lexington NE
11. Area of Subject Property, Square Feet and/or Acres 3.08 Acres	
12. Zoning of Adjacent Properties	
North: Q\ East: Q\	South: A l
East	West.
The following information must be submitted at the time of application: () Vicinity Map () Copy of Site Plan (8 ½ X 11 or digital copy)	
I/We, the undersigned, do hereby acknowledge that I/We do agree with the provisions and requirements for an application for rezoning 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
Signature of Owner	Signature of Applicant
Administrative Use Only	
Date Submitted	Case Number
Filing Fee <u>\$100.00</u>	Accepted By
Cert. Of Ownership	Date Advertised
Date Sign Posted	Date of Public Hearing



