

APPLICATION FOR SUBDIVISION

Da	ate Filed: 10/15/2	2024
*	For a subdivision plat application Plats must be printed on mylar, no	to be considered, the subdivision plat checklist must be completed. larger than 18"x24".
1.	Property Owner's Name Greater Lexington Corporation	
2.	Property Owner's Address P.O. Box 70, Lexington, NE 68850	
3.	Telephone Number (308) 324-2341 E-Mail Address	
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.		
Sig	gnature of Owner	Signature of Applicant
		Inciniatentiva Una Only
Administrative Use Only		
Fil Ce	ate Submittedling Fee\$100.00ert. Of Ownershipate Sign Posted	Case Number Accepted By Date Advertised Date of Public Hearing

