

APPLICATION FOR REZONING

*For an amendment to the zoning map, items 1 through 12 must be filled out completely before acceptance of this application for processing. Hector A Bocco Agala Raymundo Nava 1. Property Owner's Name 411 S Taylor St. 2. Property Owner's Address 3. Telephone Number 308 217 0 27E-Mail Address_____ 4. Developer's Name Hector A Bueto Ayala 5. Developer's Address 106 W walnut St 6. Telephone Number 308-746-4974E-Mail Address_____ 7. Present Use of Subject Property _____ Automobile Sules 8. Proposed Use of Subject Property Automobile Sales and Service 10. Legal Description of Property Requested to be Rezoned Approximate Street Address and Location 203 E Pasific St. 11. Area of Subject Property, Square Feet and/or Acres _____ 12. Zoning of Adjacent Properties North: \mathcal{L}^{-2} 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. Raymunds Mava

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

