

APPLICATION FOR SUBDIVISION

*For a subdivision plat application to be considered, the subdivision plat checklist must be completed. 1. Property Owner's Name 2. Property Owner's Address 43056 Read 751 Lexing to n WE, 66850 3. Telephone Number 63003305-2745 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.			
		Yany Sull	Sant William
		Signature of Owner	Signature of Applicant
Administrative Use Only			
Date Submitted	Case Number		
Filing Fee\$100.00	Accepted By		
Cert. Of Ownership	Date Advertised		
Date Sign Posted	Date of Public Hearing		

