



Application for Conditional Use Permit

- 1. Applicant's Name Crossroads Center Inc
2. Applicant's Address 702 W 14th St, Hastings, NE 68901
3. Applicant's Telephone Number 402-462-6460
4. Owner's Name Daniel Buller, Executive Director
5. Owner's Address 702 W 14th St, Hastings, NE 68901
6. Owner's Telephone Number 307-921-8657
7. Purpose of Conditional Use Permit Temporary shelter for the homeless
8. Present Zoning R-1
9. Within City Limits Yes Within Zoning Jurisdiction Yes
10. Legal Description E 75FT S 116.6FT OF LOT 3 TR M E 1/2 6-9-21 ACREAGE IN CITY
11. Street Address of Property or Approximate Location 907 W 8th St, Lexington, NE 68850
12. Site Plan (if applicable)

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.

Signature of Owner

Signature of Applicant Daniel Buller, Executive Director Crossroads Center Inc.

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