



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.

- 1. Property Owner's Name STEWART PROPERTIES LLC-Bill Stewart
- 2. Property Owner's Address 601 PENROSE DRIVE LINCOLN, NE 68521-8956
- 3. Telephone Number 308-325-1553 E-Mail Address _____
- 4. Developer's Name Bill Stewart
- 5. Developer's Address 2701 N ADAMS ST LEXINGTON, NE 68850
- 6. Telephone Number 308-325-1553 E-Mail Address _____
- 7. Present Use of Subject Property Agriculture
- 8. Proposed Use of Subject Property Residential
- 9. Present Zoning A-1 Requested Zoning R-1
- 10. Legal Description of Property Requested to be Rezoned Lot 1, W.A.S. Second Subdivision

Approximate Street Address and Location 1/2 mile north of Adams Street and Road 757

11. Area of Subject Property, Square Feet and/or Acres 2.42

12. Zoning of Adjacent Properties

North: R-1 South: A-1
 East: A-1 West: A-1

The following information must be submitted at the time of application:

- () Vicinity Map
- () Copy of Site Plan (8 1/2 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

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 _____