

APPLICATION FOR REZONING
Merrick County Planning and Zoning
PO Box 27
Central City, NE 68826
Fee: \$100.00

Name of applicant: _____ Date: _____

Address: _____

City State Zip

Phone _____ Email _____

Jurisdiction: _____ Merrick County _____ Chapman _____ Palmer _____ Silver Creek

Address & Legal description of property: _____

On reverse side of this application list all owners and their addresses which own property in, and adjacent to this property within 300 feet of the exterior boundaries of the property involved.

ZONING CLASSIFICATION: Present: _____ Desired: _____

Present use of property: _____

Desired use of property if rezoned: _____

Attach an additional sheet containing scaled and dimensioned diagram showing the property referred to in this application, also show the use of the land adjoining this land.

THE ABOVE STATEMENTS AND ACCOMPANYING MATERIAL ARE COMPLETE AND ACCURATE.

SIGNED _____

Date of hearing scheduled: _____ Date of legal notice published: _____

Recommendation of Planning Commission: Approval _____, Denied _____, Date: _____

Recommendation of Governing Body: Approval _____, Denied _____, Date: _____

Reasons: _____

Chairman

Clerk