

MERRICK COUNTY PLANNING & ZONING
PO Box 27, Central City, NE 68826
402-604-1357 hcam@hamilton.net

APPLICATION TO REZONE

1. Name of Applicant _____ Date _____
2. Address _____
3. Telephone Number _____
4. Owners Name & Address _____

5. Jurisdiction-County _____ Village _____ (if checked, which village) _____
6. Address & Legal Description of Property _____

7. On the reverse side of this application list all owners and their addresses which own property in, and adjacent to this property within three-hundred (300) feet of the exterior boundaries of the property involved.
8. Zoning Classification: Currently _____ Desired _____
9. Current use of property _____
10. Desired use of property _____
11. Attach an additional sheet containing scaled and dimensioned diagram showing the property referred to in the application, also show the use of the land adjoining the property.

THE ABOVE STATEMENTS AND ACCOMPANYING MATERIAL ARE COMPLETE AND ACCURATE.

Applicant

A FEE OF \$200.00 MUST ACCOMPANY THIS APPLICATION

BOARD ACTION

Planning Commission

Date legal notice was published _____ Date of hearing _____

Board's Decision- Approved _____ Denied _____

Reasons governing decision _____

Recommendation _____

Chairman

Governing Body Jurisdiction _____

Date legal notice was published _____ Date of Hearing _____

Board's Decision- Approved _____ Denied _____ Resolution/Ordinance Number _____

Reasons governing decision _____

Chairman

Clerk