APPLICATION FOR A CHANGE OF ZONING

Kearney County, Nebraska

_	: \$100.00 Form mus		before acceptance of this application for processing. Please prin	
Applicant's Name			Telephone #	
Applicant'	's Address			
Present U	se of Subject Proper	ty		
Desired U	Se of Subject Proper	rty		
Present Zoning			Requested Zoning	
Legal Des	cription of Property	Requested to be Rezoned	I	
Area of Su	abject Property, Squ	are Feet and/or Acres		
How is Ac	djoining Properties U	Jsed (Actual Use)		
North			South	
East			West	
normal wo Justificatio	orking hours for the on justify your request.	purpose of becoming fam	y others is hereby authorized to enter upon the property during niliar with the proposed situation. nust be answered completely. Use separate piece of paper if Describe	
2.		Can soil conditions support the kinds of development in the proposed zoning district? What is the soil classification of the area?		
3.	What type of sewer and water system will be used?			
4.	How will the proposed Zoning District affect traffic in the area? Will streets or roads need to be updated for access to the area? If yes, what will the requirements be?			
Signature	of Owner	or	Signature of Agent	
OFFICE 1	USE ONLY			
Permit#_				
Date		Approved		
Date		Approved Disapproved		
		Kearney Count	Chair, Kearney County Board of Supervisors ty Zoning Administrator	

Phone 308-832-2854 email: kcweed@gtmc.net Fax 308-832-0401