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APPLICATION FOR CHANGE IN ZONING

Date Filed: _____ Hearing Date: _____

Applicant Name: _____

Address: _____ Phone Number: _____

Present Owner: _____

Present Land Use: _____

Present Zoning: _____

Proposed Land Use: _____

Proposed Zoning: _____

Property Legal Description: _____

Present Use of Property: _____

Desired Use of Property: _____

Adjoining Property Use:

North _____ South _____

East _____ West _____

If change is granted, how will it affect adjoining property: _____

Reasons for request: _____

Applicant's Signature

- (1) This form must be filed fifteen (15) days prior to the Planning Commission Meeting
- (2) This form must be accompanied by a check in the amount of \$35.00
- (3) This form must be accompanied by the names and addresses of all property owners within a 300' radius of the property being rezoned