



100 E 4th St
PO Box 276
York, NE 68467
402-363-2600

APPLICATION FOR CHANGE IN ZONING

Applicant Name: _____
Address: _____ Phone No: _____

Present Owner: _____
Present Land Use: _____
Present Zoning: _____
Proposed Land Use: _____
Proposed Zoning: _____

Property Legal Description: _____

Present Use of Property: _____

Desire Use of Property: _____

Adjoining Property Use:
North _____ South _____
East _____ West _____

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

Reason for Request: _____

Applicant Signature: _____

- (1) This form must be accompanied by a check in the amount of \$35.00.
- (2) This form must be filed by the 15th of the month, to be considered for the meeting the following month.
- (3) This form must be accompanied by the names and address of all property owners within a 300' radius of the property being rezoned.

Date Filed: _____ Hearing Date: _____