

APPLICATION FOR A CHANGE OF ZONING
Ashland, Nebraska

Date: _____

Permit: _____

Form must be filled out completely before acceptance of this application for processing. Please print.

Applicant's Name: _____ Telephone No. _____

Applicant's Address: _____

Present Use of Subject Property _____

Desired Use of Subject Property _____

Present Zoning _____ Requested Zoning _____

Legal Description of Property Requested to be Rezoned: _____

Area of Subject Property, Square Feet and/or Acres: _____

How are Adjoining Properties Used (Actual Use)

North _____

South _____

East _____

West _____

If Exhibits are furnished, please describe and enumerate. (Furnish Plot or Site Plan showing existing and proposed structures, easements, water courses, curb cutbacks, etc.)

The Zoning Administrator, who may be accompanied by others is hereby authorized to enter upon the property during normal working hours for the purpose of becoming familiar with the proposed situation.

Justification

You must justify your request. Questions 1 through 4 must be answered completely. Use separate sheet if necessary.

1. What is the general character of the area? 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 USE ONLY

File No. _____ Fee paid Yes () _____ No () _____

Date _____ Approved _____
Disapproved _____ Chair, Ashland Planning Commission.

Date _____ Approved _____
Disapproved _____ Ashland Mayor