



City of Plattsmouth
 Permits & Inspections
 136 N 5th Street
 Plattsmouth, NE 68048

Date Submitted _____
 Filing Fee _____
 Parcel ID _____
 Accepted by _____
 Date Advertised _____

APPLICATION FOR REZONING

ITEMS 1 THROUGH 12 MUST BE FILLED OUT COMPLETELY BEFORE ACCEPTANCE OF THIS APPLICATION FOR PROCESSING. INCOMPLETE PACKAGES WILL BE DENIED.

1. Property Owners Name _____
2. Property Owners Address _____
3. Telephone Number(home) _____ (Cell) _____
4. Developers Name _____
5. Developers Address _____
6. Telephone Number(home) _____ (Cell) _____
7. Present Use of Subject Property _____
8. Proposed Use of Subject Property _____
9. Present Zoning _____ 10. Proposed Zoning _____ 11. Lot Size(SQFT or Acres) _____
12. Legal Description and Location _____

13. Approximate Location _____
14. Reason for Re-zoning request _____

15. Characteristics of Adjacent Properties (I.E Zoning and actual use)
 North _____ South _____
 East _____ West _____

NOTE: I(We) understand if this permit is granted, the permit is issued for the use of the applicant only and can not be transferred or assigned

The Following information must be submitted at the time of the application.

- | Yes | No | N/A | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Application Fee |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Vicinity Map |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Justification for rezoning |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Abutting property Owners(no not include streets or right-of-way) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Five(5) Blue line copies of site plan |

One(1) reduced copy of site plan (8 ½ x 11” or 8 ½ x 14”)

CERTIFICATION: I/(We) undersigned, do hereby acknowledge that I/we do fully understand and agree with the provisions and requirements for an application for rezoning as described above. I/we the undersigned, do agree to allow the City of Plattsburgh employees or agents working for the City of Plattsburgh to enter the above referenced property as it pertains to this application.

I understand that all application fees are non-refundable if denied

Owners Signature

Owners/Applicants Signature
(If not the property owner, the applicant certifies with this signature to be the authorized agent of the property owner)

Date Submitted

Name of Applicant

For official use only

Planning Commission

City Council

Hearing Date _____

Hearing Date _____

Recommendation yes no

Approval yes no

Special Conditions _____

Special Conditions _____

Notes _____

