

COMMUNITY DEVELOPMENT

205 North 4th Street | Beatrice, NE 68310
Phone: 402.228.5250 Fax: 402.223.5252
community@beatrice.ne.gov



PERMIT NUMBER: _____

REZONING APPLICATION

APPLICANT(S) INFORMATION **OWNER(S) INFORMATION (if not Applicant)**

Name(s): _____	Name(s): _____
Address: _____ _____	Address: _____ _____
Phone: _____	Phone: _____
Email: _____	Email: _____

PROPOSED PROJECT DETAILS
(Attach graphic information including site plans, elevations, other drawings necessary)

Project Address: _____

Legal Description (or attach legal description and label Exhibit "A"): _____

Present Use: _____ Present Zone: _____

Proposed Use: _____ Proposed Zone: _____

How are adjoining properties used (list use type and zone for each):

North: _____ South: _____

East: _____ West: _____

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

List reason(s) for request: _____

List exhibit(s) or plan(s) submitted: _____

APPLICANT(S) SIGNATURE

I hereby certify that I have read and examined this application and affirm the above information, as well as any attached information, as true and correct. I also agree to comply with all applicable ordinances or laws of the City of Beatrice, Nebraska. I further certify that I am authorized to sign this Subdivision Final Plat Application.

Signature

Date

Signature

Date

OFFICE USE ONLY

Application Fee: \$100.00 Received By: _____ Date: _____

Date Posted on Property: _____ Date of Hearing: _____

Comments: _____

City Engineer: _____ Date: _____

Com Dev Director: _____ Date: _____

RECOMMENDATIONS

PLANNING & ZONING COMMISSION RECOMMENDATION to the City Council this ____ day of _____, 20____. Approved Denied

Planning and Zoning Chairman: _____ Date: _____

CITY COUNCIL RECOMMENDATION this ____ day of _____, 20____. Approved Denied

Mayor: _____ Date: _____

City Clerk: _____ Date: _____