springfield
NEBRASKA

REQUEST FOR ZONE CHANGE

(please print or type)

Applicant's Name Tribedo LLC
Address 10404 ESSEX COURT, SUITE 101, ELKHORN, NE 68114
Phone (402) 408-0005 - _____ ext._____

Owner's Name Arun Agarwal
Address 10404 ESSEX COURT, SUITE 101, ELKHORN, NE 68114
Phone (402) 408-0005 - _____ ext._____

Agent's Name Thompson Dreessen & Dorner
Address 10836 Old Mill Road, Omaha, Nebraska 68154
Phone (402) 330-8860 - _____ ext._____

Hereby request the Planning Commission and City Council to consider a change of zoning classification. The current zoning designation of the property is as follows:
AR Agricultural Residential District

The desired zoning designation of the property is as follows:
LI Light Industrial

Please note: Minimum size requirements are necessary in some Zoning Districts. Please contact city staff for information regarding these minimum requirements.

The zone change is requested for the property legally described as the following:
Lots 1-4 and Outlots A-D, Springfield Industrial, being a platting of the E 1/2 of the NW quarter of section 14, T13N, R11E of the 6th P.M., Sarpy County, Nebraska.

The existing use of the property is as follows:
The existing use of the property is farmland with row crops.

The applicant is requesting a zone change for the following purpose:
Plat for industrial lots for future industrial uses.

- ✓ ***Please refer to the Zone Change Checklist for a complete list of required information.***
- ✓ ***Complete information must be provided by the applicant or no action will be taken.***
- ✓ ***Please refer to the Review Schedule for submittal deadlines and public hearing dates.***

I hereby certify that all required information and materials are herewith attached and said materials are true and accurate to the best of my knowledge.

Signed _____
Applicant

Date Sept 25, 20 25

Application Fee: $400.00
**$200.00 of the fee is refundable only if City Council denies request*

All fees are due and payable to the City Treasurer upon application.

Zone Change Recommendation / Action

Planning Commission

- ❑ Approval recommended
- ❑ Approval not recommended
- ❑ Changes and improvements required:

_____
_____
_____
_____

___ Ayes
___ Nays
___ Abstain

Date of Public Hearing _____, 20_____
Date of Notice of Public Hearing _____, 20_____

Signed _____
Chairman, Planning Commission

City Council

- ❑ Application approved
- ❑ Application denied
- ❑ Application referred back to Planning Commission with specific instructions:

_____
_____
_____
_____

___ Ayes
___ Nays
___ Abstain

Date of Public Hearing _____, 20_____
Date of Notice of Public Hearing _____, 20_____

Signed _____
Mayor

Attest _____
City Clerk