springfield
NEBRASKA

REQUEST FOR ZONE CHANGE

(please print or type)

Applicant's Name _____
Address _____
Phone ( ) _____-_____ ext._____

Owner's Name _____
Address _____
Phone ( ) _____-_____ ext._____

Agent's Name _____
Address _____
Phone ( ) _____-_____ 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:

_____
_____

The desired zoning designation of the property is as follows:

_____
_____

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:

_____
_____
_____
_____

The existing use of the property is as follows:

_____
_____
_____
_____

P.O. Box 189 ~ 170 North 3rd Street ~ Springfield, NE 68059
Phone (402) 253-2204 ~ Fax (402) 387-5116
springfieldne.org

The applicant is requesting a zone change for the following purpose:

_____
_____
_____
_____

- ✓ ***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 _____, 20_____

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.