



SPRINGFIELD

NEBRASKA



**REQUEST FOR TEXT AMENDMENT
ZONING ORDINANCE OR SUBDIVISION REGULATIONS**
(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 text amendment to the:

____ Springfield Zoning Ordinance

____ Springfield Subdivision Regulations

The applicant proposes that the following section(s) be amended :

The applicant proposes the text be revised to accomplish the following purpose(s) and / or to read as follows:



- ✓ **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.

Applicant Name (print) _____

Applicant Signature _____

Date _____, 20____

Application Fee: \$500.00

Date Paid: _____

Payment Type: _____

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