



Re-Zoning Application

Applicant's Name	
Applicant's Mailing Address	
Applicant's Phone Number	
Applicant's Email	
Project Name (If Applicable)	
Property Owner's Name	
Property Owner's Address	
Property Address	
Property Parcel Number	

NOTE:

- (A COPY OF THE DEED TO THE SUBJECT PROPERTY MUST BE SUBMITTED WITH THIS APPLICATION.)** If the applicant is not the current owner, then an "Authorization to Act as Agent" must be on file. All associated fees will be charged to the applicant unless otherwise arranged.
- The applicant must provide a plat or certified survey of the subject property, including a written legal description matching the area to be rezoned (Tax ID# may not be used as a legal description). Applicant must sign a statement certifying that the submitted legal description accurately represents his/her request.

Current Zoning: _____ Current Use: _____
 Requested Zoning: _____ Requested Use: _____

Zoning of adjacent properties: N _____ S _____ E _____ W _____

Use of adjacent properties: N _____ S _____
 E _____ W _____

Request includes Special District Overlay: _____ Yes _____ No

If yes, a Master Plan must be included with this application.

If yes, explain the Special District Overlay request in the comments below:

Any additional comments:



City of Lincoln
Planning and Zoning Commission

Re-Zoning Application

The City of Lincoln Planning Commission will hold a Public Hearing to discuss the request to re-zone said property. The applicant must be present at the time of the hearing.

The Public Hearing will be scheduled no sooner than 21 days from the date of application submission.

I, the applicant, certify that all of the above is true and correct to the best of my knowledge. I understand that any approval(s) granted pursuant to this application shall be subject to applicable regulations of the City of Lincoln.

Applicant Signature: _____ Date: ____ / ____ / ____
Applicant Name (Print): _____

Staff Member and/or Committee reviewing this application: _____

Any prior action(s) on subject property: _____

Any other approvals required by the city: Subdivision Conditional Use Variance
 Other _____

Required documents attached: Deed Plat/Survey Legal Description APO List

Application Fee: _____ Received By: _____ Date: ____ / ____ / ____

Paid By: Cash Check # _____ Card

Review Comments:

