

COUNTY OF SEWARD - PLANNING & ZONING ADMINISTRATOR

APPLICATION TO REZONE

1. Name of Applicant _____ Date _____
2. Address _____
3. Telephone Number _____
4. Owners Name & Address _____

5. Parcel ID _____
6. Address & Legal Description of Property _____

7. Zoning Classification: Currently _____ Desired _____
8. Current use of property _____
9. Desired use of property _____
10. Attach an additional sheet containing scaled and dimensioned diagram showing the property referred to in the application, also show the use of the land adjoining the property.
11. Are current year's taxes paid in full? ___ Yes ___ No

THE ABOVE STATEMENTS AND ACCOMPANYING MATERIAL ARE COMPLETE AND ACCURATE.

_____ Applicant

A FEE OF \$600.00 MUST ACCOMPANY THIS APPLICATION

BOARD ACTION

Planning Commission

Date legal notice was published _____ Date of hearing _____

Board's Recommendation- Approved _____ Denied _____

Reasons governing recommendation _____

Chairman

Action of Board of Commissioners:

Date Legal Notice was Published _____ Date of Hearing _____

Board's Decision - Approved _____ Denied _____

Reasons governing decision _____

Chairman _____ **Date**

Resolution Number _____