



# APPLICATION FOR A CHANGE OF ZONING

City of Bennington, NE

NOTE: Form must be filled out completely before the City will accept this application for processing, please print or type.

Date: \_\_\_\_\_ Email Address: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Present Use of Subject Property: \_\_\_\_\_

Proposed Use of Subject Property: \_\_\_\_\_

Current Zoning: \_\_\_\_\_ Proposed Zoning: \_\_\_\_\_

Legal Description of Property Requested to be Rezoned: \_\_\_\_\_

Area of Subject Property (square feet or acres): \_\_\_\_\_

How are Adjoining Properties used (actual use):

North: \_\_\_\_\_ East: \_\_\_\_\_

South: \_\_\_\_\_ West: \_\_\_\_\_

If exhibits are furnished, please describe and number on attached page.

- furnish site plan showing existing and proposed structures, easements, water courses, curb cuts, etc.

### **JUSTIFICATION:**

The rezoning request must be justified. Please answer questions 1 to 4 on a separate page and attach to this application.

1. What is the general character of the area?
2. Can soil conditions support the types of development in the proposed zoning district? What is the soil classification of the area?
3. What type of sewer and water system will be used?
4. How will the proposed zoning district affect traffic in the area? Will streets or roads need to be updated for access to the area? If yes, what will the requirements be?

The Zoning Administrator, who may be accompanied by others, is hereby authorized to enter upon the property during normal working hours for the purpose of becoming familiar with the proposed situation.

Signature of Owner or Agent: \_\_\_\_\_

### **OFFICE USE ONLY:**

Permit No. \_\_\_\_\_ Fee Paid \$ \_\_\_\_\_ Check No. \_\_\_\_\_

Date \_\_\_\_\_ Approved  \_\_\_\_\_  
Denied  Chair, Bennington Planning Commission

Date \_\_\_\_\_ Approved  \_\_\_\_\_  
Denied  Mayor, City of Bennington