REZONING APPLICATION
City of O'Neill, Nebraska

THIS SECTION TO BE FILLED OUT BY APPLICANT:

1. _____ _____ _____
   Applicant's Name (please print) Street Address, City, State and Zip Code (please print) Telephone

2. If applicant is not the owner of the property to be affected by the proposed rezoning, provide owner information:

   _____ _____ _____
   Owner's Name (please print) Street Address, City, State and Zip Code (please print) Telephone

3. Legal Description of property for which a rezoning is requested: _____
   _____
   _____
   _____

4. Subject property is presently zoned: *(check one)*
   ____AG, Agricultural ____R, Residential ____R-R, Residential Ranchette
   ____R-O, Residential-Office ____C-1, Central Business ____C-2 - General Business
   ____I-1, Light Industrial ____I-2, Industrial ____PUD - Planned Unit Development

5. Proposed Zoning *(check one)*:
   ____AG, Agricultural ____R, Residential ____R-R, Residential Ranchette
   ____R-O, Residential-Office ____C-1, Central Business ____C-2 - General Business
   ____I-1, Light Industrial ____I-2, Industrial ____PUD - Planned Unit Development

6. Present use of real estate included in this application: _____

7. Proposed use of real estate included in this application: _____

8. Present use of adjoining properties: North_____ South_____ East_____ West_____

I hereby certify that I have the legal authority to file this application, that I have completed and examined this application and know the same to be true and correct. I further certify that I have paid the required application fee and that I understand that this fee is non-refundable.

_____ _____
Signature of Applicant Date