

# CITY OF LINCOLN ZONING APPLICATION

**Note: This application will be returned as insufficient if all required information is not provided.**

Date

Project No. \_\_\_\_\_  
(to be filled in by Planning Dept.)

Under the provisions of Title 27 of the Lincoln Municipal Code, the undersigned hereby applies for a:

- Change of Zone: (indicate type)  map - From \_\_\_\_\_ To \_\_\_\_\_  PUD  text - 27. \_\_\_\_\_
- Special Permit, 27.63. \_\_\_\_\_ List Special Permit Type \_\_\_\_\_
- Use Permit  Miscellaneous  Comprehensive Plan Conformance  Administrative Permit (Wireless Facilities)
- Pre-Existing Special Permit # \_\_\_\_\_  Pre-Existing Use Permit # \_\_\_\_\_
- Administrative Amendment to: SP # \_\_\_\_\_ UP # \_\_\_\_\_ PUD # \_\_\_\_\_ Other # \_\_\_\_\_
- Waiver to (List): \_\_\_\_\_ SP # \_\_\_\_\_ UP # \_\_\_\_\_ PP # \_\_\_\_\_
- Annexation

Project Address/General Location \_\_\_\_\_ # of acres to be included in the application \_\_\_\_\_

## THE FOLLOWING DOCUMENTS MUST BE SUBMITTED WITH THIS APPLICATION FORM:

1. LETTER indicating purpose of application. This statement should include information concerning the reason for the request, any associated applications, projects or other information related to the application. WAIVERS: List waiver requests and provide justification for each waiver request as per Title 27 or Section 26.31.010 of the Land Subdivision Ordinance of the Lincoln Municipal Code or Chapter 1, Section 2 of the Design Standards OR state no waivers are requested.
2. LEGAL DESCRIPTION including section, township and range, irregular tract number and/or final platted lots.
3. FEE (see fee schedule)
4. SITE PLAN - The site plan shall be submitted electronically using ePlan. (text amendments do not require a site plan)

*\* see checklists for each type of project for more specific requirements*

**Property Owner Name** \_\_\_\_\_

Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

*Street City State ZIP*

**Applicant/Permittee Name** \_\_\_\_\_

Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

*Street City State ZIP*

**Contact Name** \_\_\_\_\_

Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

*Street City State ZIP*

**Applicant's (Permittee's) Signature** \_\_\_\_\_

**Property Owner's Signature** \_\_\_\_\_

(Property Owner signature not required on Change of Zone applications.)

\* NOTE: If applicant is not owner of the premises, the owner's signature (or written permission of the owner authorizing the applicant to sign on behalf of the owner) must be submitted with this application. The applicant and owner's signatures (or owner's written permission) certifies that permission is granted by the owner to all authorized city/county personnel to enter the premises for the purpose of review of this application.

**The City Reserves the right to ask for additional information if required to process this application.**