LANCASTER COUNTY

Planning Department Application Request Form

Subtype

Application Type

Planning Department / 555 S 10th St, Ste 213 / Lincoln, NE 68508 Phone 402-441-7491 / Fax 402-441-6377 plan@lincoln.ne.gov

Date

File #

Category

Office Use Only

PC Final Action

Project Name						
Address/General	Location					_
Legal Description (Attach legal if necessary						_
Parcel ID Numbe	r(s) (PID)					
Number of Acres	. N	lumber of lots being p	latted		App # Being Amended	_
THE FOLLOWING INFO	DRMATION IS NE	CESSARY TO HAVE A	COMPLETE APPL	<u> ICATI</u>	ON:	
requested state "no 2. FEE (<u>View Fee Sch</u> 3. SITE PLAN The sit	waivers are received. Note: Me plan shall be sees section of	quested." ake checks payable submitted electron Planning Departm ion may be returned as	e to Lancaster Cically using e-plent website for sincomplete if all	Count an. (<u>\</u> chec	or those waivers. If no waivers are y. View instructions on eplan submittal cklists with specific requirements for sted information is not provided. tion to process this application.	
Property Own	ner Name				Phone	
Address			l	Email		
City		State		Zip		
Contact Nam	e				Phone	
Address				Email		
City		State		Zip		
ProjectDox Contact			Projec Email			
* Property (Owner Signature:					

^{*} NOTE: If application is for a special permit or a use permit and the contact is not the owner of the property, the property owner must sign the application or the contact must attach written permission of the owner authorizing the contact to sign on behalf of the owner. By signing this application request form or granting the contact permission to sign on the owner's behalf, the owner hereby grants all authorized city/county personnel to access the property for purposes of review of this application.