



City of Kimball  
 223 South Chestnut Street, Kimball, NE 69145  
 Phone: (308) 235-3639 ~ Fax: (308) 235-2971  
 www.kimballne.org

## Application for Rezoning

Name of Applicant _____		Telephone No. _____								
Address _____	City _____	State/ZIP _____								
Name of Property Owner (Owner of Record ONLY) _____		Telephone No. _____								
Address _____	City _____	State/ZIP _____								
Current Zoning District _____		Requested Zoning District _____								
Legal Description of Property Pertaining to This Request _____										
Address of Property Pertaining to This Request _____										
Reason for Rezoning Request _____ _____ _____										
Attached: _____ <b>Site Plan</b> _____ <b>\$100 Filing Fee</b> _____ <b>List of Property Owners within 300 feet (Certified by County Assessors Office)</b> _____ <b>\$250 Deposit fee to cover certified mailings, publication and signage. Any excess will be refunded. Any additional cost must be paid in full by applicant before notices are sent.</b>										
Signatures:  <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;">_____</td> <td style="width: 50%; text-align: center; border: none;">_____</td> </tr> <tr> <td style="width: 50%; text-align: center; border: none;">Applicant</td> <td style="width: 50%; text-align: center; border: none;">Property Owner (Owner of Record)</td> </tr> <tr> <td style="width: 50%; text-align: center; border: none;">_____</td> <td style="width: 50%; text-align: center; border: none;">_____</td> </tr> <tr> <td style="width: 50%; text-align: center; border: none;">Applicant</td> <td style="width: 50%; text-align: center; border: none;">Property Owner (Owner of Record)</td> </tr> </table>			_____	_____	Applicant	Property Owner (Owner of Record)	_____	_____	Applicant	Property Owner (Owner of Record)
_____	_____									
Applicant	Property Owner (Owner of Record)									
_____	_____									
Applicant	Property Owner (Owner of Record)									
<b>Office Use Only:</b>										
Date Received _____		Received by _____								
Date of Planning Commission Public Hearing _____		Application # _____								
Date of City Council Public Hearing _____										



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**OFFICE USE ONLY**

Checklist for Notification of Application for Rezoning

- Applications and supporting plans and documents (15 days prior to regular Planning Commission Meeting).

Date Received: \_\_\_\_\_

- List of Property Owners within 300 ft. (Certified by County Assessor)

Date Received: \_\_\_\_\_

**Planning Commission**

Hearing Date \_\_\_\_\_

- Publish in issue of local newspaper not more than fifteen (15) days and not less than ten (10) days prior to the date of hearing. Date Published: \_\_\_\_\_

- Notify Property Owners by certified letter not more than fifteen (15) days and not less than ten (10) days prior to the date of hearing. Date Mailed: \_\_\_\_\_

- Post notice in a conspicuous place on or near the property on which action is pending.  
Date Posted: \_\_\_\_\_

- Notify Board of Education of the School District not less than ten (10) days prior to date of hearing.  
Date Mailed: \_\_\_\_\_

**City Council**

Hearing Date \_\_\_\_\_

- Publish in issue of local newspaper not more than fifteen (15) days and not less than ten (10) days prior to the date of hearing. Date Published: \_\_\_\_\_

- Notify Property Owners by certified letter not more than fifteen (15) days and not less than ten (10) days prior to the date of hearing. Date Mailed: \_\_\_\_\_

- Post notice in a conspicuous place on or near the property on which action is pending.  
Date Posted:

- Notify Board of Education of the School District not less than ten (10) days prior to date of hearing. Date Mailed: \_\_\_\_\_