DATE / / FILE NO.

HASTINGS
DEVELOPMENT SERVICES

PROJECT APPLICATION

City of Hastings – Development Services
220 N. Hastings Avenue, Hastings, NE 68901
Phone: (402) 461-2302; Fax: (402)461-2304
www.cityofhastings.org

Please check the appropriate box below to indicate the type of application you are requesting. Contact Development Services for minimum requirements. Incomplete applications will not be processed. All applications must be completed by applicant prior to submission with all of the requested support materials by the last Monday of each month or they will be held until the next deadline to be processed.

- ❑ Preliminary Plat
- ❑ Final Plat
- ❑ Short Plat
- ❑ Administrative Plat
- ❑ Code Amendment
- ❑ Zoning Change
- ❑ Vacation (Plat / ROW / Easements)
- ❑ Conditional Use Permit / Amendment
- ❑ Planned District / Amendment
- ❑ Comprehensive Plan / Amendment
- ❑ Annexation Petition / Addition to the City

PROJECT INFORMATION

Project Name: _____

Project Address: _____ Within City Limit ❑ Yes ❑ No

Existing Zoning: _____ Proposed Zoning / Use: _____

Existing Comprehensive Plan Designation: _____ Gross Area: _____

Legal Description: _____ Number of Lots: _____

APPLICANT INFORMATION

Applicant: _____ Company: _____

Address: _____ Tel: _____ Fax: _____

City: _____ State: ____ Zip: _____ Email: _____

Property Owner: _____ Company: _____

Address: _____ Tel: _____ Fax: _____

City: _____ State: ____ Zip: _____ Email: _____

Key Contact: _____ Company: _____

Address: _____ Tel: _____ Fax: _____

City: _____ State: ____ Zip: _____ Email: _____

I hereby acknowledge that all information provided with this application is true to the best of my knowledge.

_____ _____ _____ _____
Property Owner Signature Date Applicant Signature Date

DEPARTMENTAL USE ONLY

Fees: _____ Receipt No. _____

Accepted by Staff: _____ Case No. _____
Signature

Revised 4/10/13