REQUEST FOR AMENDMENT TO THE
Zoning Regulations
Cherry County Nebraska

This portion to be filled out completely by Applicant

Name_____ Application #_____Date_____

Address_____ Phone _____

Signature _____

The following change in the Zoning Regulations is hereby requested:

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This section to be completed by Zoning Administrator

1. Planning Commission Public Hearing held on: (date) _____(copy of notice attached)

2. Planning Commission recommendation to Board of Commissioners: ____Approval_____Disapproval

3. County Board of Commissioners Public Hearing held on (date)_____(copy of notice attached)

4. Decision of County Board of Commissioners:_____Approval_____Disapproval

5. Notice of decision of County Board of Commissioners mailed to Applicant on_____

_____
Signature of Zoning Administrator