

For Office Use Only	Date Rec'd _____
	Fee \$ _____
	Rec'd by _____

**APPLICATION FOR MODIFICATION
OF HARD-SURFACING REQUIREMENT**

Section 1:

Applicant: _____
 Name Address

 Phone Email

Contact: _____
 (other than Name Address
 Applicant) _____
 Phone Email

Location of Property: _____

Legal Description: _____

Property Area, Square Feet and/or Acres: _____ **Zoning District:** _____

Years Requested: _____

New Lot/Access Existing Lot/Access Year Built: _____

Present/Proposed Surfacing:
 Entrance Access: Gravel Dirt Concrete Asphalt Other _____
 Parking Lot: Gravel Dirt Concrete Asphalt Other _____

Section 2: *This section applies to Commercial, Office, or Industrial Uses only*

Type of business or use served by parking lot _____
 Does your business involve customer parking needs? _____
 Approximate size of parking lot _____



progress. right at home.

309 N 5th St
Norfolk, NE 68701
P402-844-2280 F402-844-2028
www.ci.norfolk.ne.us

Lot is occupied by: Autos [] Trucks [] Vans [] Other _____

Number of vehicles lot can hold:

0-10 [] 11-20 [] 21-30 [] 31-40 [] 41-50 [] 51-100 [] over 100 []

Number of Employees _____

Is lot currently used for anything other than parking? Yes [] No []

If yes, please describe use: _____

Section 3:

What is the surfacing of the public road which you access? _____

Does the modification arise from conditions which are unique to the property and are not ordinarily found in the same zoning district? _____

When was the main structure built? _____

Year of any additions to the main structure _____ Size _____

Any other building on the lot? _____ Square Footage _____

Will this waiver cause drainage problems, traffic hazards, or other detrimental problems in the area? _____

Any long or short term projections for further development? _____

Please provide a time-line with phases for hard-surfacing the parcel. Attach a site plan with phases shown.

Signature of Owner

Authorized Agent

OR

Printed Name of Owner

Printed Name of Authorized Agent