



City of Gering
1025 P Street
P.O. Box 687
Gering, NE 69341
Phone (308) 436-6800
Fax (308) 436-2184

Zone Change Application

Date: _____

Applicant's Name: _____ Phone: _____

NOTE: Applicant must be owner or have written consent of owner to be considered.

Address: _____

Present Owner _____ Phone: _____

(If different than Applicant)

Present Zoning: _____ Proposed Zoning: _____

Property Legal Description or Address: _____

Block: _____ Lot: _____ Subdivision: _____

Other Description: _____

Present Use of Property: _____

Reason for request: _____

Applicant's Signature

Staff Use Only

Adjoining Property Use:

North: _____ South: _____

East: _____ West: _____

If change is granted, how will it affect adjoining property? _____

Fee \$150.00

For Office Use Only
Receipt no. _____