FRONTIER COUNTY PO BOX 40 STOCKVILLE NE 69042-0040 308-367-8641

December 5, 2001

	December 3, 2001	
Application Number		Date of Application
Administrative Fee (check payable to Frontier County Treasu	urer)	
APPLICA	TION FOR CHANGE OF ZONING (Rezoning)	
1. Applicant's name:		
2. Applicant's address:		
Telephone (business)	(Home)	
following maybe allowed (if additional sp	nace is needed piedse attach).	

2	
Change in the Zoning Madrawn to scale:	p required by this proposed amendment are shown on the attached ma
I agal Departmention of myons	
. Legal Description of premi	ses:
. Interest of the Applicant in the	
Interest of the Applicant in the	ne above described property:
Interest of the Applicant in the	ne above described property:
Interest of the Applicant in the	SignedApplicant
. Interest of the Applicant in the	ne above described property: