



City of Sidney, Nebraska

1115 13th Avenue, P.O. Box 79, Sidney, NE 69162, (308-254-5300)

APPLICATION FOR DIAGONAL STREET PARKING PERMIT INSTRUCTIONS

Complete all blanks on the application and return to: City of Sidney, 1115 13th Avenue, P.O. Box 79, Sidney, NE 69162 a minimum of 2 WEEKS prior to the meeting of the Planning Commission. The Planning Commission meets on the 3rd Monday of each month at 5:30 PM in the City Council meeting room.

- Applicant(s) must submit with the application the names and addresses of all property owners within 300 feet of the proposed diagonal street parking location. These names and addresses must be the current owners as listed with the Cheyenne County Assessor's Office.
- A minimum of 10 days before the date of the public hearing, the City is required to:
 - Publish a legal notice in the Sidney Sun-Telegraph regarding this request.
 - Post a sign on the property for the Diagonal Street Parking Permit.
 - Mail a letter to all property owners regarding the application for Diagonal Street Parking Permit.

IMPORTANT NOTICE TO THE APPLICANT(s): THIS APPLICATION WILL BE AUTOMATICALLY TABLED IF THE APPLICANT OR THEIR REPRESENTATIVE IS NOT PRESENT AT THE PLANNING COMMISSION'S PUBLIC HEARING. PHONE ATTENDANCE MUST BE ARRANGED 24 HOURS IN ADVANCE OF THE MEETING. APPLICANTS OR THEIR REPRESENTATIVE MUST ALSO BE PRESENT AT THE COUNCILS PUBLIC HEARING.

The City of Sidney claims jurisdiction 2 miles outside the City Limits.



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APPLICATION FOR DIAGONAL STREET PARKING PERMIT

DATE: _____

NAME OF APPLICANT(s): _____

APPLICANT(s) ADDRESS: _____

OWNER NAME(s): _____

OWNER(s) ADDRESS: _____

LOT: _____ BLOCK: _____ ADDITION: _____

CURRENT ZONING: _____ ZONE THE USE IS PERMITTED: _____

DESCRIBE LOCATION WHERE DIAGONAL STREET PARKING IS BEING REQUESTED:

STATE REASON OR REASONS WHY THE PERMIT SHOULD ISSUED:

APPLICANT PHONE#: _____

APPLICANT SIGNATURE: _____

Official Use Only _____

APPROVED: _____ DISAPPROVED: _____ DATE: _____

CHAIRPERSON, PLANNING COMMISSION

SECRETARY, PLANNING COMMISSION

PERMIT #: _____

DATE PERMIT EXPIRES: _____