

**CITY OF RALSTON, NEBRASKA**  
*Independence City*  
**ADMINISTRATIVE ADJUSTMENTS APPLICATION**

For: Minor Plat Adjustment \_\_\_\_\_ \$230.00      Lot Line Adjustment \_\_\_\_\_ \$15.00  
Lot Consolidation \_\_\_\_\_ \$15.00      Lot Splits \_\_\_\_\_ \$15.00

Applicant's Name \_\_\_\_\_ Day Phone \_\_\_\_\_

Applicant's Address \_\_\_\_\_ Day Phone \_\_\_\_\_

Property Owner \_\_\_\_\_ Day Phone \_\_\_\_\_

Property Owner Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Property Owner \_\_\_\_\_ Day Phone \_\_\_\_\_

Property Owner Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

If there are more than two property owners involved, attach a separate list of all owner's names and addresses.

Project Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Legal Description \_\_\_\_\_

Description of Existing Use \_\_\_\_\_

Description of Proposed Use \_\_\_\_\_

Does the property have access to a Sanitary Sewer Line \_\_\_\_\_ Do the Lots have frontage on a dedicated street right-of-way \_\_\_\_\_ Is there a companion split attached \_\_\_\_\_

I, undersigned, fully understand I am responsible for determining if there are any occupied utility easements and that this approval has no effect on vacating or relocating easements and utilities.

\_\_\_\_\_  
Signature of Property Owner or Applicant's Signature      Date  
If you are not the owner, the applicant certifies this signature to be the authorized agent of the owners(s).

\_\_\_\_\_  
Signature of Property Owner or Applicant's Signature      Date  
If you are not the owner, the applicant certifies this signature to be the authorized agent of the owners(s).

*For Office Use Only*  
Fee Received: \_\_\_\_\_ Date Submitted: \_\_\_\_\_ Plat Page: \_\_\_\_\_  
Accepted By: \_\_\_\_\_ Title: \_\_\_\_\_  
Recommendation: \_\_\_\_\_

Remarks: \_\_\_\_\_



**County Treasurer's Certification** *(seal required)*

This is to certify that I find no regular or special taxes due or delinquent against the property described in the legal description and as shown by the records of this office.

*(Seal)*

\_\_\_\_\_  
Signature of County Treasurer

Date: \_\_\_\_\_

**City of Ralston Approval** *(seal required)*

Approved as an administrative subdivision as per the City of Ralston Zoning Regulations. This subdivision approval is void unless this plat is filed and recorded with the County Register of Deeds within thirty (30) days of this date.

*(Seal)*

\_\_\_\_\_  
Signature of the City Administrator

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of the Planning Commission Chairman

Date: \_\_\_\_\_