

CITY OF LINCOLN

Print Form

Planning Department Application Request Form

Planning Department / 555 S 10th St, Ste 213 / Lincoln, NE 68508
 Phone 402-441-7491 / Fax 402-441-6377
 plan@lincoln.ne.gov

Date 8/1/16

Application Type			Subtype	Category	Office Use Only	
					File #	PC Final Action
<input type="checkbox"/>	<input type="checkbox"/>	Use Permit	Amend Use Permit	NA	AA16055	<input type="checkbox"/>

Project Name Tesla Motors Charging Station Project

Address/General Location 5020 N27th St. Parkng lot

Legal Description

(Attach legal if necessary.)

Parcel ID Number(s) (PID)

Number of Acres N/A

Number of lots being platted
(Not outlots)

App # Being Amended

THE FOLLOWING INFORMATION IS NECESSARY TO HAVE A COMPLETE APPLICATION:

1. **LETTER** stating purpose of application. This statement should include information concerning the reason for the request(s), any associated applications, projects or other information related to the application. This letter should include a list of waivers associated with an application and justifications for those waivers. If no waivers are requested state "no waivers are requested."

2. **FEE** (View Fee Schedule) Note: Make checks payable to the City of Lincoln.

3. **SITE PLAN** The site plan shall be submitted electronically using e-plan. (View instructions on eplan submittal)

NOTE: See **Forms & Fees** section of Planning Department website for checklists with specific requirements for each type of project.

*** This application may be returned as incomplete if all requested information is not provided. ***

The City reserves the right to ask for additional information to process this application.

Property Owner Name John Brehm Hy-Vee, Inc. **Phone** (515) 453-2795

Address 5020 N 27th Street **Email** jbrehm@hv-vee.com

City Lincoln **State** Nebraska **Zip** 50266

Applicant Name Tesla Motors / Cameron Waldmon **Phone** (415) 306-4728

Address 3500 Deer Creek Road **Email** cwaldman@tesla.com

City Palo Alto **State** California **Zip** 94304

Contact Name Black & Veatch / Joseph Rollins **Phone** (915) 672-0049

Address 197 Wood Hill Road **Email** rollinsj@bv.com

City Narragansett **State** Rhode Island **Zip** 02882

**ProjectDox
Contact**

**ProjectDox
Email**

Applicant Signature:

* Property Owner Signature:

See attached LOA

* NOTE: If application is for a special permit or a use permit and the applicant is not the owner of the property, the property owner must sign the application or the applicant must attach written permission of the owner authorizing the applicant to sign on behalf of the owner. By signing this application request form or granting the applicant permission to sign on the owner's behalf, the owner hereby grants all authorized city/county personnel to access the property for purposes of review of this application.