

APPLICATION FOR PRELIMINARY PLAT
Albion, Nebraska
LEGAL DESCRIPTION AND GENERAL LOCATION
SE1/4 of SECTION 21, T20N, R16W
Boone County, NE

CITY USE ONLY
RECEIPT NO: _____
DATE: _____
PRELIMINARY PLAT #: _____

FEE PAID \$ pd \$ 350 total

SUBDIVIDER
Name: Dylan Martin
Address: 2609 190th St
Albion, NE 68620
Telephone: () _____

AGENT (Authorized to act on Subdivider's behalf):
Name: _____
Address: _____
Telephone: () _____

OWNER
Name: Marilee Niewohner
Address: 2609 190th St
Albion, NE 68620
Telephone: () _____

ANY OTHER ASSOCIATES:
Name: _____
Address: _____
Telephone: () _____

NAME OF PRELIMINARY PLAT: Marilee 1st Add. NUMBER OF LOTS: 4

- a. Does the subdivider have any interest in the land surrounding the preliminary plat? Yes ___ No X.
If yes, please describe the nature of such interest: _____
- b. Will the preliminary plat require any zoning or other action (rezoning, Planned Development, conditional use or vacations) to complete the development? Yes ___ No X. If yes please describe the nature of the action: _____
- c. Does Preliminary Plat meet all the criteria required in the Subdivision Regulations and as found on the Preliminary Plat Checklist?
Yes
- d. Have all governmental entities in the vicinity of the Preliminary Plat been notified? Yes X No ___.
If Yes, has the City received any comments from these entities?, if yes please attach to application for Planning Commission and City Council review.
- e. For City use:
Preliminary Plat was: Approved as presented ___ , Approved contingent upon specified changes ___ , Denied ___
Identify the specific changes either in the space provided or on an attached sheet _____

Applicant's Signature: 
Date: 12-11-25

APPLICATION FOR PRELIMINARY PLAT
Albion, Nebraska
LEGAL DESCRIPTION AND GENERAL LOCATION
SE1/4 of SECTION 21, T20N, R16W
Boone County, NE

CITY USE ONLY
RECEIPT NO: _____
DATE: _____
PRELIMINARY PLAT #: _____
FEE PAID \$ _____

SUBDIVIDER
Name: Dylan Martin
Address: 2609 190th St
Albion, NE 68020
Telephone: () _____

AGENT (Authorized to act on Subdivider's behalf):
Name: _____
Address: _____
Telephone: () _____

OWNER
Name: Manice Niezohner
Address: 2609 190th St
Albion, NE 68020
Telephone: () _____

ANY OTHER ASSOCIATES:
Name: _____
Address: _____
Telephone: () _____

NAME OF PRELIMINARY PLAT: Manice 1st Add. NUMBER OF LOTS: 4

- a. Does the subdivider have any interest in the land surrounding the preliminary plat? Yes ___ No X.
If yes, please describe the nature of such interest: _____

- b. Will the preliminary plat require any zoning or other action (rezoning, Planned Development, conditional use or vacations) to complete the development? Yes ___ No X. If yes please describe the nature of the action: _____

- c. Does Preliminary Plat meet all the criteria required in the Subdivision Regulations and as found on the Preliminary Plat Checklist?
Yes
- d. Have all governmental entities in the vicinity of the Preliminary Plat been notified? Yes X No ___.
If Yes, has the City received any comments from these entities?, if yes please attach to application for Planning Commission and City Council review.
- e. For City use:
Preliminary Plat was: Approved as presented ___ , Approved contingent upon specified changes ___ , Denied ___
Identify the specific changes either in the space provided or on an attached sheet _____

Applicant's Signature: 
Date: 12-11-25

APPLICATION FOR PRELIMINARY PLAT
Albion, Nebraska
LEGAL DESCRIPTION AND GENERAL LOCATION
SE1/4 of Section 21, T20N, R16W
Boone County, NE

CITY USE ONLY
RECEIPT NO: _____
DATE: _____
PRELIMINARY PLAT #: _____
FEE PAID \$ _____

SUBDIVIDER
Name: Dylan Martin
Address: 2609 190th St
Albion, NE 68020
Telephone: () _____

AGENT (Authorized to act on Subdivider's behalf):
Name: _____
Address: _____
Telephone: () _____

OWNER
Name: Mailee Niewohner
Address: 2609 190th St
Albion, NE 68020
Telephone: () _____

ANY OTHER ASSOCIATES:
Name: _____
Address: _____
Telephone: () _____

NAME OF PRELIMINARY PLAT: Mailee 1st Add. NUMBER OF LOTS: 4

- a. Does the subdivider have any interest in the land surrounding the preliminary plat? Yes ___ No .
If yes, please describe the nature of such interest: _____
- b. Will the preliminary plat require any zoning or other action (rezoning, Planned Development, conditional use or vacations) to complete the development? Yes ___ No . If yes please describe the nature of the action: _____
- c. Does Preliminary Plat meet all the criteria required in the Subdivision Regulations and as found on the Preliminary Plat Checklist?
Yes
- d. Have all governmental entities in the vicinity of the Preliminary Plat been notified? Yes No ___.
If Yes, has the City received any comments from these entities?, if yes please attach to application for Planning Commission and City Council review.
- e. For City use:
Preliminary Plat was: Approved as presented ___ , Approved contingent upon specified changes ___ , Denied ___
Identify the specific changes either in the space provided or on an attached sheet _____

Applicant's Signature: 
Date: 12-11-25

APPLICATION FOR PRELIMINARY PLAT
Albion, Nebraska
LEGAL DESCRIPTION AND GENERAL LOCATION
SE1/4 of SECTION 21, T20N, R16W
Boone County, NE

CITY USE ONLY
RECEIPT NO: _____
DATE: _____
PRELIMINARY PLAT #: _____

FEE PAID \$ _____

SUBDIVIDER
Name: Dylan Martin
Address: 2609 190th St
Albion, NE 68620
Telephone: () _____

AGENT (Authorized to act on Subdivider's behalf):
Name: _____
Address: _____
Telephone: () _____

OWNER
Name: Manlee Nicwolkur
Address: 2609 190th St
Albion, NE 68620
Telephone: () _____

ANY OTHER ASSOCIATES:
Name: _____
Address: _____
Telephone: () _____

NAME OF PRELIMINARY PLAT: Manlee 1st Add. NUMBER OF LOTS: 4

- a. Does the subdivider have any interest in the land surrounding the preliminary plat? Yes ___ No .
If yes, please describe the nature of such interest: _____
- b. Will the preliminary plat require any zoning or other action (rezoning, Planned Development, conditional use or vacations) to complete the development? Yes ___ No . If yes please describe the nature of the action: _____
- c. Does Preliminary Plat meet all the criteria required in the Subdivision Regulations and as found on the Preliminary Plat Checklist?
Yes
- d. Have all governmental entities in the vicinity of the Preliminary Plat been notified? Yes No ___.
If Yes, has the City received any comments from these entities?, if yes please attach to application for Planning Commission and City Council review.
- e. For City use:
Preliminary Plat was: Approved as presented ___ , Approved contingent upon specified changes ___ , Denied ___
Identify the specific changes either in the space provided or on an attached sheet _____

Applicant's Signature: 
Date: 6-11-25