



ZONING PERMIT

APPLICATION Certificate of Zoning Compliance York County, Nebraska

\$ _____ Fee Paid (initials) _____

This portion to be filled out COMPLETELY by applicant and delivered to the Office of the York County Assessor:

Name of Applicant: _____ Mailing Address: _____

Telephone No. () _____ - _____

Legal Description of Property affected by this Application: _____

Description of proposed construction / development and its intended use: _____

(If ALL of the following information and the information required on the sketch is not indicated, the application cannot be processed and will be returned to the applicant.)

IF A NEW RESIDENTIAL DWELLING IS PROPOSED, such dwelling will be the ONLY dwelling in the quarter/quarter section in which the dwelling is to be located: YES _____ NO _____

IF A NEW RESIDENTIAL DWELLING IS PROPOSED, such dwelling is at least ¼ mile from any confined livestock feeding use: YES _____ NO _____

Property Size (acres): _____ Building/Structure Area (sq. ft.) _____ Height (feet): _____ Estimated Cost: \$ _____

Distance from the right-of-way line of all roadway(s) abutting the property to the nearest point of the building/structure proposed (feet): _____ Any second roadway (feet): _____

On the back of this application, sketch a site plan of the development proposed showing ALL of the following information:

- ✓ The location of the proposed structure on the premises and the location of the driveway with north to the top of the sketch.
- ✓ The location and names of all roadways adjoining the premises.
- ✓ This distances (in feet) from the side and rear property lines (if less than 30 feet).
- ✓ IF the proposed use is a commercial, industrial or public use, indicate the number and location of buildings, parking spaces and the proposed type, location, size and height of any signs proposed.
- ✓ IF the proposed use is a new or expanded confined livestock feeding use, indicate the location of lots, pens, buildings and waste handling facilities.

I hereby certify that I have the legal authority to file this application, that I have completed and examined this application and know the same to be true and correct. I further certify that I will hold York County, Nebraska harmless from any and all liability that may result from the development of the proposed construction/use and that I am aware that York County, Nebraska has not adopted any type or form of building or other code which would regulate the design and construction of any building or structure and that I will hold York County, Nebraska harmless from any and all liability which may result from any non-compliance with State codes or regulations or defect in any building or structure for which this zoning permit / certificate of zoning compliance or other approval is required to be issued by York County, Nebraska.

Printed name of Applicant _____

Signature of Applicant _____

Date of Application _____

Sketch Site Plan here:

THIS SECTION TO BE COMPLETED BY ZONING ADMINISTRATOR:

1. The real estate described in this application is zoned: GA, General Ag. ICD, Interstate Commercial
 RCI, Rural Commercial/ Industrial
2. The use proposed in this application is permitted in this zoning district: YES NO
3. If application is for construction of a new residential dwelling or placement of a manufactured home, the proposed dwelling complies with the restriction of one dwelling per quarter-quarter section: YES NO
4. The building/structure proposed complies with: Lot Area and Width requirements: YES NO
Height limitations: YES NO Front, side and rear setback requirements: YES NO
5. The use is located in an Airport Hazard zoning district? YES NO Flood Hazard District? YES NO
If yes, the use proposed complies with the requirements of applicable regulations: YES NO
6. If application is for a new or expanded commercial livestock feeding use, such use complies with the limitations set forth in the York County Zoning Regulations: YES NO
7. Use proposed requires Special Exception approval: YES NO If yes, special exception approval has been given subject to the following conditions: _____

8. If a Variance was requested, a Variance was granted subject to the following conditions: _____

9. This application is APPROVED and a zoning permit / certificate of zoning compliance is hereby issued, subject to the following conditions: _____

10. This application is DISAPPROVED for the following reason(s): _____

11. Date of issuance / disapproval of the permit / certificate: _____, 201____

Signature of Zoning Administrator