

**APPLICATION FOR SPECIAL USE PERMIT  
BUFFALO COUNTY NEBRASKA**

Fill out application completely. **Please print or type.** Use additional sheets if needed.  
**Filing Fee is \$50.00 plus estimated cost of publication made payable to Buffalo County.**  
Contact the Buffalo County Zoning Administrator if you have any questions.

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

1. Applicant's name \_\_\_\_\_
2. Applicant's address \_\_\_\_\_ Zip Code \_\_\_\_\_
3. Telephone \_\_\_\_\_ (day time) \_\_\_\_\_
4. Present use of property \_\_\_\_\_
5. Desired use of property \_\_\_\_\_
6. Present Zoning \_\_\_\_\_
7. Address of site or legal description \_\_\_\_\_  
\_\_\_\_\_
8. Under what provisions of the Zoning regulations are you seeking this permit: \_\_\_\_\_
9. Explain in detail what you propose to do. Please provide a sketch of location of buildings, setbacks etc:  
\_\_\_\_\_  
(attach additional sheets if needed)
10. How are adjoining properties used? Indicate both zoning district and actual uses.  
North: \_\_\_\_\_ South: \_\_\_\_\_  
East: \_\_\_\_\_ West: \_\_\_\_\_
11. Value of proposed structure \_\_\_\_\_

**The zoning administrator, who may be accompanied by others, is hereby authorized to enter upon the property during normal working hours for the purpose of becoming familiar with the proposed situation.**

The above requested information is, to the best of my knowledge, true and accurate.

**COMMENCEMENT MUST BEGIN WITHIN 120 DAYS OF DATE ISSUED  
CONSTRUCTION MUST BE COMPLETED WITHIN 2 YEARS**

Signature of Applicant \_\_\_\_\_ Signature of Agent \_\_\_\_\_

Printed Name \_\_\_\_\_ Printed Name \_\_\_\_\_

Date of Planning Commission meeting \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_

Date of Board of Supervisors meeting \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_

Buffalo County Zoning 1512 Central Ave. PO Box 1270 Kearney, NE 68848 308-233-5640
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Office Use Only
Permit Number _____
Amount _____ Receipt # _____
Floodplain Yes or No _____
Date _____ Initial _____