

APPLICATION FOR LAND DEVELOPMENT IN ACCORDANCE WITH BUFFALO COUNTY SUBDIVISION REGULATIONS

Buffalo County Zoning Office  
1512 Central Ave., PO Box 1270 Kearney, NE 68848  
308-236-1998 www.buffalogov.org

Type of Plat Administrative Sub \_\_\_\_\_ Preliminary Plat \_\_\_\_\_ Final Plat \_\_\_\_\_  
Vacation of Plat \_\_\_\_\_ Variance \_\_\_\_\_

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.

Subdivision name: \_\_\_\_\_ Date \_\_\_\_\_

Owner's name: \_\_\_\_\_

Owner's home address: \_\_\_\_\_

Telephone number(home): \_\_\_\_\_ (daytime) \_\_\_\_\_

Developer's name: \_\_\_\_\_

Developer's address: \_\_\_\_\_

Engineer's name and address: \_\_\_\_\_

List all people who own, have liens and other interest \_\_\_\_\_

Present use of property: \_\_\_\_\_

Desired use of property: \_\_\_\_\_ Present Zoning \_\_\_\_\_

Legal Description of property: \_\_\_\_\_

Area of property(square feet and/or acres) \_\_\_\_\_

Number of lots or parcels: \_\_\_\_\_

School District \_\_\_\_\_ Fire District \_\_\_\_\_

**Please attach exhibits (plat, easements, water courses, surveyor's certificate with legal description, copy of covenants, DEQ permits, etc if applicable)**

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

Signature of Owner: \_\_\_\_\_ Printed Name \_\_\_\_\_

And agent: \_\_\_\_\_

Preliminary Plat approval date: \_\_\_\_\_

Action Taken:

P & Z Recommendation: \_\_\_\_\_ approved \_\_\_\_\_ disapproved Date: \_\_\_\_\_

County Commissioners \_\_\_\_\_ approved \_\_\_\_\_ disapproved Date: \_\_\_\_\_

Office Use Only	
Permit Number	_____
Filing Fee	_____ Receipt # _____
Zoning Classification	_____
Floodplain Yes or No	_____
8/09	Date Initial