

APPLICATION FOR ZONING PERMIT BUFFALO COUNTY NEBRASKA

Filing Fee: \$200.00 made payable to Buffalo County. Fill in the following information as accurately and completely as possible. On the back of this page or on an attached sheet indicate, by drawing, the shape and dimensions of the land, shape and dimensions of all existing and proposed buildings, and distances from buildings to lot lines. **PLEASE PRINT.**

Date_____

Applicant's Name _____ Telephone # _____

Applicant's Address _____ Zip Code _____

Contractor and address _____

Location of construction site from town if in rural area or complete legal _____

Type of structure or building proposed _____

Proposed use of building _____

Dimensions of structure _____ Dimensions of property _____

Distance completed structure will be from

A. Front property line or edge of right-of-way _____ B. Rear Property line _____

C. Side property line _____ D. Side property line _____

E. Nearest street intersection _____

Area of the property in acres or square feet _____

Value of structure _____

Approximate start date for construction _____ Approximate finish date _____

Improvement to be assessed to the following party _____

If the structure is a residence, how far will it be from the nearest feed lot? _____

If the structure is an apartment building or a commercial or industrial building, indicate how many off-street parking spaces will be provided _____

ATTACH A DRAWING OF THE PROPOSED STRUCTURE AND LAYOUT. PLEASE SHOW PLACEMENT OF WELL AND SEPTIC.

The above requested information is, to the best of my knowledge, true and accurate. It is understood and agreed that any error, misstatement or misrepresentation of fact, either with or without intention on my part, such as might, if known, cause a refusal of this application, or any alteration or change in plans made without the approval of the Zoning Administrator subsequent to the issuance of the zoning permit, shall constitute sufficient grounds for the revocation of such permit.

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.

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

Signature of Applicant _____

Printed Name _____

**Our office is located at 1512 Central Ave., PO Box 1270
Kearney, NE 68848**

Office Use Only	
Permit Number	_____
Value of Improvement	_____
Zoning Classification	_____
Floodplain Yes or No	_____
Date	Initial

OFFICE USE ONLY

Permit # _____ Fee Received _____ Receipt # _____

Date _____ Approved _____ Disapproved _____ Planning & Zoning Administrator

Reason for disapproval _____

Date application approved from appeal _____