

Application for Certificate of Zoning Compliance

Kearney County Nebraska

Certificate Number: _____

- This certificate is to verify compliance with the applicable Zoning Resolution/Ordinance for new farm building, structure or use where a zoning permit cannot by law be required. To qualify as a farm building, structure or use, such building, structure or use shall be an agricultural use, as defined in the applicable Zoning Resolution/Ordinance and such building, structure or use shall be located on a parcel of land at least twenty (20) acres in area from which at least one thousand dollars (\$1,000) of agricultural products are produced each year. Any building, structure or use not meeting these requirements shall not be considered a farm building, structure or use and shall be subject to the issuance of a zoning permit.

Application Date: _____

Owner Name: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Construction Address: _____

Legal Description: _____

Type of Construction: _____ New _____ Addition _____ Building Relocation

If Relocation, where is it coming from (Name & Legal) _____

Structure Use: _____ Estimated Cost of Structure: _____

If a Special Use Permit or Variance was duly authorized, describe how the building, structure or use complies with the conditions included in the Special use permit or Variance: _____

Dimensions of Structure: _____ # Stories or Height: _____

Area of Property in Acres or Square Feet: _____

Distance completed structure will be from:

Front property line or edge of right-of-way: _____ Rear property line: _____

Side property line: _____ Side property line: _____

Estimated Start Date: _____ Estimated date of Completion: _____

Contractor: _____ Electrician: _____ Plumber: _____

**** All applications for a Certificate of Zoning Compliance shall be accompanied by a plot plan showing the location, ground area, height and bulk of all present and proposed structures, additions, parking areas and site improvements; the actual dimensions and shape of the lot lines; the uses to be built upon; the building lines in proposed structures or additions; and any other reasonable and pertinent information as may be required by the Zoning Administrator for the proper enforcement of regulations.**

In consideration of the issuance of this Certificate, the applicant hereby authorizes the Zoning Administrator or their agent to inspect their property to verify accuracy of the information giving in this application. Further, certifies that the above statements are true and correct, and hereby agrees to comply with all zoning regulations and other regulations in effect. If in violation of regulations or through misrepresentation of facts, this zoning certificate then becomes null and void and applicant may be subject to penalties established.

Certificate is good for Six (6) months to begin construction,
And construction must be completed within two (2) years

Printed Name of Applicant: _____

Applicant Address: _____

Applicant Phone # : _____ Email : _____

Applicant Signature : _____

Office use only

Flood District: _____ Wellhead Protection Area: _____ Airport Zone Affected: _____

Current Zoning: _____

Permit Approved: _____

Permit Denied: _____

Reason for Denial: _____

Official Signature: _____ Date: _____