

Application for Zoning Permit Kearney County Nebraska

Permit Number: _____

To: The Kearney County Planning Commission
1124 East 9th, Minden, NE 68959
Phone: (308) 832-2854 Fax: (308)832-0401

Permit Fee: \$25
Payable to Kearney County Treasurer

Application Date: _____

Owner Name: _____ Phone #: _____

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

Email: _____ Construction Address: _____

Legal Description: _____

New construction proposed: _____ Residential _____ Accessory _____ Commercial _____ Industrial

Addition to existing structure: _____ Residential _____ Accessory _____ Commercial _____ Industrial

Other: _____ Deck _____ Repair _____ Building Relocation

If Relocation, where is it coming from (name & legal) _____

Structure Use: _____ Estimated Cost of Structure: _____

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 zoning permit 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 permit, the applicant hereby authorizes the Zoning Administrator or their agent to inspect their property to verify accuracy of the information giving in this permit. 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 permit then becomes null and void and applicant may be subject to penalties established.

Permit 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

Fee Received: _____ Date: _____

Check Number: _____

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

Current Zoning: _____

Permit Approved: _____

Permit Denied: _____

Reason for Denial: _____

Official Signature: _____ Date: _____