

# Application for Zoning Permit Kearney County Nebraska

Permit Number: \_\_\_\_\_

To: The Kearney County Planning Commission  
PO Box 144, Minden, NE 68959

Permit Fee: \$25  
Payable to Kearney County Treasurer Phone (308) 830-0589

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 given 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: \_\_\_\_\_

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**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: \_\_\_\_\_