

APPLICATION FOR ZONING PERMIT

BURT COUNTY, NEBRASKA

Zoning District: ___A-1 ___TA ___EJA ___R-1 ___P ___I-1 ___I-2 ___INDIAN RESERVATION OVERLAY & NRD

Applicant Information

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Burt County PID # _____

Contractor Information:

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Construction Information:

1. Complete Legal Description of Property _____
2. This structure needs a 911 address ___Yes ___No
3. Structure to be ___erected ___moved ___enlarged
4. Type of structure or building proposed _____
5. Proposed use of structure or building _____
6. Dimensions of structure ___x___ Height of structure _____ Pitch of Roof _____
7. Value of structure _____
8. Approximate date construction will: Start _____ Finish _____
9. Is a septic system required for this plan ___Yes ___No
10. Is this located in a Floodplain ___Yes ___No

Distance Structure will be From:

1. Structure will be more than 83 feet from center of county road ___Yes ___No
2. Edge of public right of way _____
3. Rear property line _____
4. Side of property line _____
5. Side of property line _____
6. Lot size or number of acres _____
7. Structure located in a 300 foot corridor of a state or federal highway: ___Yes ___No

General Information:

1. To whom should the improvements be assessed? _____
2. If structure is a residence, how far will the structure be from the feedlot? _____
3. If the structure is related to a feeding operation how far will it be from the nearest residence under different ownership from the feeding operation? _____
4. If the structure is an apartment dwelling, commercial or industrial building, how many off-street parking spaces will be provided? _____

In consideration of the issuance of this permit, the applicant hereby certifies that the above and attached statements are true and correct, and hereby agrees to comply with the zoning regulations and other regulations which are 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 the penalties established. Upon signing this application, the applicant is allowing the administrator or authorized personnel to enter upon the property for the purpose of inspection.

Date _____

Applicants Signature

Permit No. _____ This permit is: Approved _____ Denied _____ Approved Conditionally _____

According to the facts stated above by the owner.

Date _____

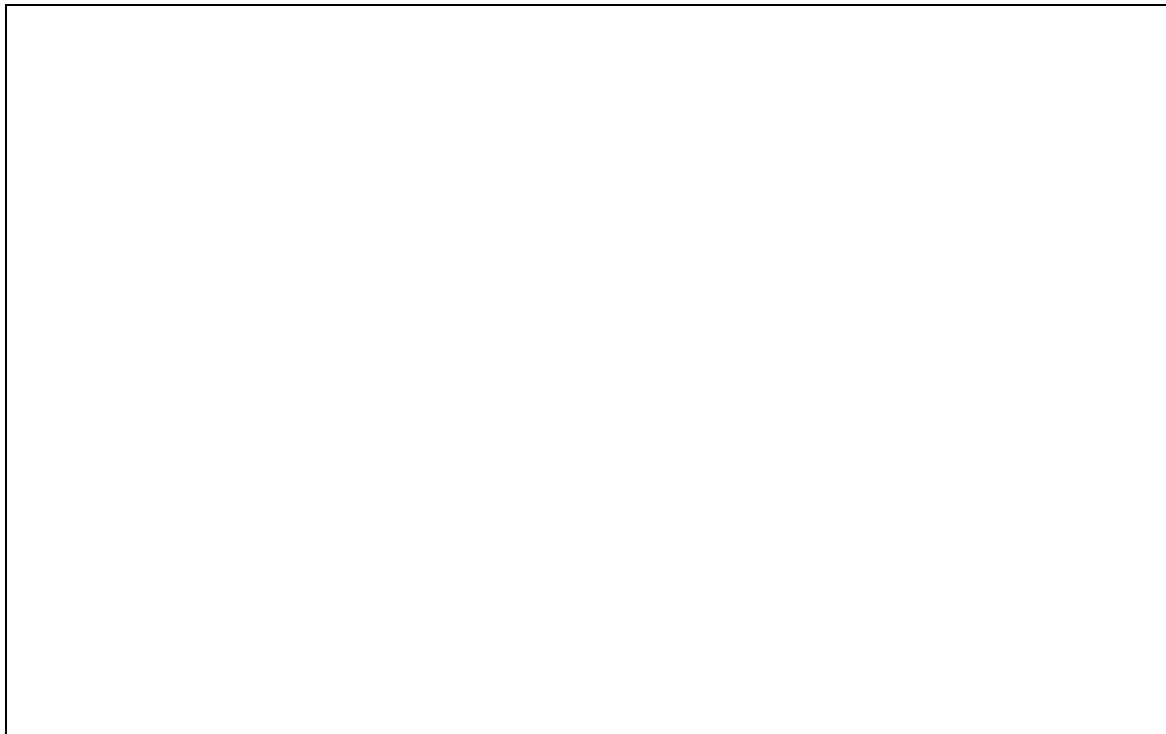
Ann Chytka, Zoning Administrator

Please indicate the approximate location of the structure and the nearest driveway access on the Section Diagram below.

NW ¼ NW ¼	NE ¼ NW ¼	NW ¼ NE ¼	NE ¼ NE ¼
SW ¼ NW ¼	SE ¼ NW ¼	SW ¼ NE ¼	SE ¼ NE ¼
NW ¼ SW ¼	NE ¼ SE ¼	NW ¼ SE ¼	NE ¼ SE ¼
SW ¼ SW ¼	SE ¼ SE ¼	SW ¼ SE ¼	SE ¼ SE ¼

If a new access is proposed has the County Supervisor from that district been contacted? ___ Yes ___ No

Indicate, by drawing, the shape of the land, shape of all existing and proposed building or structures.



Attach blueprints or sketch of structure with dimensions. Can also use Gworks Map

Burt County Planning Commission

111 13TH ST STE 3 TEKAMAH, NE 68061 (402) 374-2945

Planning@burtcountyne.gov

Name _____ Legal Description _____ Date _____

BUILDINGS

Pole Building: Yes or No Size of Building: WxLxH _____
Type of Floor: Concrete ___ Wood ___ Dirt ___ Heated ___ Type of Siding: Metal ___ Wood ___ Other ___
Style of Roof: Gable ___ Flat ___ Type of Roof: Asphalt ___ Metal ___
Electricity: Yes or No Materials: New ___ Used ___ If used, approximate age ___
Plumbing: Yes or No How many fixtures? ___ Heating: Yes or No What type? _____
Does it have any open sides? Yes or No If yes, which side _____ Width/Length _____

Other Uses:

Will it have an office? Yes or No Size of Office: WxLxH _____
Plumbing: Yes or No If so how many fixtures? _____ Heating: Yes or No What type? _____
Central Air: Yes or No Type of Floor: _____

Will it have a living area? Yes or No Size of Living Area: WxLxH _____
Plumbing: Yes or No How many fixtures _____ How many bathrooms? _____
Heating: Yes or No What type? _____ Central Air: Yes or No Type of Flooring? _____
How many Bedrooms: _____ Does it have a kitchen: Yes or No

Located next to (nearest building) _____ Value of Proposed Structure _____

Blueprints or a sketch of building (with room dimensions) must be attached to this application.

BINS

Grain Bin Information:

Brand Name: _____
Size of Bin: Diameter: _____ Height of Eave: _____ # of Rings: _____ Bushels _____
Bin Type: Storage ___ Drying ___ Aeration ___ High Moisture _____
Floor: Concrete ___ Perforated ___ Both _____
Type of Ventilation: _____
Fans (Aeration/Drying) _____ HP Centrifugal (squirrel cage) _____ Axial (Vane Fan) _____
Dryer Unit _____ H.P. _____
Please select all features that will apply to this structure
Concrete under Bin ___ Perforated floor under Bin ___ Grain Spreader ___ Stirator ___ Power Sweep _____
Roof Vent ___ Vertical (truck) Auger ___
Unloading Auger: Yes or No
New ___ Used ___ If used, approximate age ___
Located next to (nearest building) _____ Value of Bin Structure _____

Overhead Bin & superstructure Information:

of Bins _____ Size in Bushels _____ Superstructure _____ Width _____ Length _____ Height to Bin _____

Elevator Legs

Brand Name _____ New ___ Used ___ Age if used _____
Discharge Height _____ Carrying Capacity (Bushels/Hour) _____
Spouting Size _____ Spouting Length _____

Burt County Planning Commission
111 N 13th St STE 3
Tekamah, Ne 68061
402-374-2945