

CHANGE OF ZONING DISTRICT APPLICATION

CUMING COUNTY PLANNING AND ZONING DEPARTMENT
200 S. Lincoln Street, Room 202, West Point, NE 68788
Phone (402) 372-6008 Fax (402) 372-6013
zoning@cumingcounty.ne.gov

Permit No. _____

Received _____

Permit fee \$ _____

NOTE: *Application of Zoning Permit is required before construction.

DIRECTIONS –

1. Fee is \$150 and is non-refundable.
2. Fill in the following information as accurately and completely as possible.
3. This application **MUST** be filled out by the landowner (Name on the deed).
4. **THIS APPLICATION IS NOT ACCEPTABLE UNLESS ALL REQUIRED INFORMATION IS FURNISHED**

Applicant Information

Name: _____ **email:** _____

Address: _____ **phone:** _____

Section _____ Township _____ Range _____ Parcel No. _____

Complete Legal Description _____

Present Zoning District _____

Desired Zoning District _____

Overlay District, if applicable _____

Present use of subject real estate

Desired use of subject real estate

Indicate uses of adjoining real estate:

North _____ **Owner** _____

South _____ **Owner** _____

East _____ **Owner** _____

West _____ **Owner** _____

If exhibits are furnished, please describe and enumerate. If possible, furnish a plot or site plan showing existing and proposed structures, easements, water courses, curb cutback, etc.

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. The Zoning Administrator may contact _____ at _____ to give notice that they are coming to the property at issue.

The above 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. This permit is valid for one (1) year from approval date. I agree to inform the Zoning Administrator when construction has begun to provide them the time for inspection of proper setbacks.

Applicant Signature(s)

Date

OFFICE USE ONLY

Public Hearing Dates and Times

Planning Commission _____

Board of Supervisors _____

Fee amount paid\$ _____ date paid _____

Recommended _____ Not recommended _____ Planning/Zoning Administrator

Recommended _____ Not recommended _____ Planning Commission

Approved _____ Disapproved _____ Board of Supervisors

Cuming County Planning & Zoning Administrator *Date*

Cuming County Planning Commission, Chairman *Date*

Cuming County Board of Supervisors, Chairman *Date*

ATTEST: _____
Cuming County Clerk

Dated this _____ day of _____, 20_____