

APPLICATION FOR CONDITIONAL USE

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. _____

Permit fee \$ _____

Value \$ _____

NOTE: *Application of Zoning Permit is required before development

Application Date: _____ **Date application received in office:** _____

Fill out form completely. Please print using ink or type. **This is an 8.5" x 14" form.**

Filing Fee: **\$100.00** (Filing fee is non-refundable)

Penalty fee \$250 (if development started prior to obtaining approved permit)

Contact Cuming County Planning and Zoning Department with any questions.

****All required information must be received by the Zoning Administrator at least 14 days prior to 1st Public Hearing for review.**

If not, the scheduled Public Hearing will be postponed.

The Zoning Administrator, who may be accompanied by others, is hereby authorized to enter upon the property during normal working hours for purpose of inspection, verification, etc. You will be contacted prior to any visit.

This application requires posting a Notice at the property along with sending Notice to all adjacent property owners, being published in the newspaper and also posted on the Courthouse Community Board.

Applicant Information

Name: _____ **email:** _____

Address: _____ **phone:** _____

Section _____ Township _____ Range _____ Parcel No. _____

Complete Legal Description _____

Current Zoning District _____

Overlay District, if applicable _____

Contractor Information, if applicable

Name: _____ **email:** _____

Address: _____ **phone:** _____

Under the provisions of Section 5 of the Cuming County Zoning Regulations, the undersigned hereby applies for approval of a Conditional Use Permit to establish the following use(s):

Please provide names and mailing addresses of all lands abutting the property on which this conditional use is requested: (attach another paper if you need more room)

Indicate uses of adjoining real estate:

North _____ **Owner** _____

South _____ **Owner** _____

East _____ **Owner** _____

West _____ **Owner** _____

If exhibits are furnished, please describe and enumerate.

Provide a plot or site plan drawing which depicts the proposed use and attach additional information which describes the use proposed which includes ALL of the following information:

- a. the size, capacity, and location of all existing and proposed structures involved in the proposed conditional use and the distances of such buildings from the centerlines of any adjoining road, property line and residences not on your property,
- b. the location(s) of access drive(s) to public roadways,
- c. the types and locations of any easements affecting the property,
- d. the location and type of water supply and sewage disposal facilities (NDEQ Title 124 regulations)
- e. the number and location of parking spaces for customers or the public (if applicable)
- f. the location of loading areas (if applicable)
- g. the type and location of refuse collection and storage facilities (if applicable)
- h. an indication of proposed surface water drainage onto, through and off of the affected property
- i. any areas of the property that are subject to flooding or considered to be a wetland

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.

Applicant Signature(s) **Date**

Applicant Signature(s) **Date**

Applicant Signature(s) **Date**

OFFICE USE ONLY

Public Hearing Dates – 2 required

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**

With following conditions

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** _____