APPLICATION FOR ZONING PERMIT
BURT COUNTY, NEBRASKA

Zoning District: ___A-1 ___ TA ___EJA ___R-1 ___P ___I-1 ___I-2 ___INDIAN RESERVATION OVERLAY AND NRD

Applicant Information
Name _____ Phone _____
Address_____ City _____ State _____ ZIP _____

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 property line _____
5. Side 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 nearest 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

$35.00 fee for Mobile Home/$70.00 Late Fee
$50.00 For agricultural buildings/$100.00 Late Fee
$25.00 For small out building/$50.00 Late Fee
$100.00 fee for residence/$200.00 Late Fee
$100.00 fee for all commercial or industrial buildings/$200.00 Late Fee
$50.00 fee for large out buildings (750 sq. ft. or larger).

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Permit No._____ This permit is: Approved_____ Denied_____ Approved Conditionally_____

according to the facts stated above by the owner.

Date_____ _____
Burt County Zoning Administrator

BURT COUNTY PLANNING COMMISSION 111 N13TH ST. Ste 3 TEKAMAH, NE 68061 (402)374-2944

Name_____ Legal Description_____ Date _____

BUILDINGS**

Pole Building: Yes or No Size of Building: WxLxHt_____
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 to 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 _____

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

NW ¼ NW¼	NE ¼ NW ¼	NW ¼ NE ¼	NE ¼ NE ¼
SW ¼ NW ¼	SE ¼ NW 1/4	SW ¼ NE ¼	SE ¼ NE 1/4
NW ¼ SW ¼	NE ¼ SW ¼	NW ¼ SE ¼	NE ¼ SE ¼
SW ¼ SW ¼	SE ¼ SW ¼	SW ¼ SE ¼	SE ¼ SE 1/4

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 buildings or structures.

****Attach blueprints or sketch of structure with dimensions.****

BURT COUNTY PLANNING COMMISSION
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em@burtcounty.org