

Application to be processed for _____

DO NOT WRITE IN THIS SPACE

Date Submitted _____	Date Notice Sent _____
Application No. _____	Date of Public Hearing _____
Filing Fee \$ _____	Abutting Property Owners List Rec'd _____
Treasurer Receipt No. _____	P.C. Recommendation App Disapp Date _____
Date Advertised _____	B.O.C Action App Disapp Date _____
Permit No. _____	School Board App Disapp Date _____

ATTEST: _____
 _____ Pierce/Madison County Clerk _____ Chair, Pierce/Madison Planning Commission

Dated this _____ day of _____, 20__.

 Chair, Pierce/Madison Board of Commissioners

APPLICATION FOR A CONDITIONAL USE PERMIT

__ Madison County __ Pierce County __ Battle Creek __ Madison City __ Meadow Grove __ Newman Grove __ Tilden

DIRECTIONS:

1. Fill out the form completely. Please print or type. Use additional sheets if needed.
2. Filing fee: \$100.00. Make check payable to Madison or Pierce County Treasurer depending on application location.
3. Contact Madison or Pierce County Planning and Zoning Department if you have any questions.
4. Submit a list of property owners within 1,000 feet for Madison and 300 feet for Pierce, prepared by a certified abstractor.

Name _____
 Address _____ City _____ State _____
 ZIP _____ Home Phone _____ Work Phone _____

Present Use of Subject Property _____

Present Zoning _____

Pursuant to the Pierce or Madison County Zoning Regulations, application is hereby made for the following proposed use of property or structure: _____

Section _____ Township _____ Range _____ Lot No. _____

Area of Subject Property, Square Feet and/or Acres _____

How are the Adjoining Properties Used (Actual Use)
 North _____ South _____
 East _____ West _____

For How Many Years Are You Seeking This Permit? (5 years, 10 years, etc.) _____

MADISON COUNTY JOINT PLANNING AND ZONING DEPARTMENT
 Phone (402) 370-3577 Fax (402) 370 3581 1112 Bonita Dr. Norfolk, NE 68701
PIERCE COUNTY PLANNING AND ZONING DEPARTMENT
 Phone (402) 329-4600 111 W Court Room 6 Pierce, NE 68767

Will This Use in All Other Respects Conform to the Applicable Regulations of the District in Which it is Located __ Yes ___ No

Explain _____

Will This Use Conform to All Other Applicable Regulations and Laws of Any Governmental Jurisdiction? __ Yes ___ No

Explain _____

Will This Use Have Adequate Water, Sewer, and Drainage Facilities (Approved by the Pierce/Madison Board of Health, Pierce/Madison Board of Commissioners, and the State of Nebraska Health and Human Services)? __ Yes ___ No

Explain _____

Will Ingress and Egress be so Designed as to Minimize Traffic Congestion in the Public Streets/Roads __ Yes ___ No

Explain _____

Estimated Cost of Structure

\$ _____

Enclosed:

Site Plan _____ Soil Suitability Map _____ Easements _____

Conditions and Requirements Pending Approval of Application for a Proposed Operation and Waste Disposal Plan From the DEQ or Other Applicable State Agency _____

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 THE PROSPED SITUATION.

Application Fee is Non-Refundable

Signature of Owner _____ or _____
Signature of Agent

Date _____ Date _____