

**APPLICATION FOR ZONING PERMIT
RED WILLOW COUNTY, NEBRASKA**

KEEP PERMIT ON PREMISES DURING CONSTRUCTION

APPLICANT:	CONTRACTOR:
NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
PHONE #: _____	PHONE #: _____
EMAIL: _____	EMAIL: _____

LEGAL DESCRIPTION OF PROPERTY & PARCEL ID# _____

LOT SIZE OR # OF ACRES _____ ADDRESS OF PROPERTY (IF DIFFERENT THAN APPLICANT'S ADDRESS) _____

PROJECT INFORMATION

STRUCTURE TO BE _____ERECTED _____MOVED _____ENLARGED

TYPE OF STRUCTURE OR BUILDING PROPOSED _____

PROPOSED USE OF STRUCTURE _____

DIMENSIONS OF STRUCTURE _____ X _____ HEIGHT OF STRUCTURE _____

TYPE OF CONSTRUCTION: WOOD METAL POLE CONCRETE OTHER _____

ESTIMATED COST OF PROJECT (LABOR & MATERIALS) \$ _____

APPROXIMATE DATE CONSTRUCTION WILL: START _____ FINISH _____

IS A SEPTIC SYSTEM REQUIRED FOR THIS STRUCTURE? _____YES _____NO

IS THE STRUCTURE LOCATED IN A FLOODPLAIN? _____YES _____NO IF ANSWER IS YES, A FLOODPLAIN DEVELOPMENT PERMIT SIGNED BY THE FLOODPLAIN ADMINISTRATOR **MUST BE ATTACHED** TO APPLICATION.

IN CONSIDERATION OF THE ISSUANCE OF THIS PERMIT, THE APPLICANT HEREBY CERTIFIES THAT THE INFORMATION 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 BECOMES NULL AND VOID AND APPLICANT MAY BE SUBJECT TO PENALTIES ESTABLISHED.

UPON SIGNING THIS APPLICATION, THE APPLICANT IS ALLOWING THE ZONING ADMINISTRATOR OR AUTHORIZED PERSONNEL TO ENTER UPON THE PROPERTY FOR THE PURPOSE OF INSPECTION. THIS PERMIT IS VALID FOR 2 YEARS.

SIGNATURE OF PROPERTY OWNER _____ DATE OF APPLICATION _____