

FRONTIER COUNTY  
P.O. BOX 40  
STOCKVILLE, NE 69042-0040  
(308) 367-8641

Application No. \_\_\_\_\_  
Administrative Fee \$50.00  
(check payable to Frontier County Treasurer)

\_\_\_\_\_  
Date of Application

APPLICATION FOR SPECIAL USE PERMIT

(Under the provisions of section 6 of the Frontier County Zoning Regulations, adopted December 6, 1999, the below listed party/ies request a special use permit)

Instructions:

1. Fill out application form completely, please print or type, use additional pages if needed.
2. On the attached graph paper provide a, to scale, drawing showing
  - a. Public roads, b. Distance from paved road, c. Private lanes/driveways, d. Current building location and their use, e. proposed building locations and usage of proposed building, f. Type and location of sanitary disposal system, g. type and location of sanitary water system, h. boundaries of property, i. Direction North.
3. Submit a list, prepared by a certified abstractor, of the names and current address of all property owners within one (1) mile of the property line of the property requesting this special use permit.
4. This permit is required in addition to a zoning permit.
5. For assistance contact the Frontier County Zoning Administrator.

1. Applicant's name: \_\_\_\_\_

2. Applicants address: \_\_\_\_\_

\_\_\_\_\_ Zip: \_\_\_\_\_

Telephone (business) \_\_\_\_\_ (home) \_\_\_\_\_

3. Property owners name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

4. Property is currently in District:  AG1 Agricultural  AGR Agricultural Residential  HC Highway Commercial  Industrial

5. Legal Description of Property \_\_\_\_\_

6. Size of Property \_\_\_\_\_ square foot, or \_\_\_\_\_ acres

7. Present use of Property: \_\_\_\_\_

8. In detail describe the proposed use of this property: \_\_\_\_\_

9. Current value of property: \$ \_\_\_\_\_ estimated increase in value of property \$ \_\_\_\_\_

10. For how many years are you seeking this permit (5 years, 10 years, etc.)? \_\_\_\_\_

11. How are adjoining properties used? Indicate both zoning district designations and actual uses.

North: \_\_\_\_\_ South: \_\_\_\_\_

East: \_\_\_\_\_ West: \_\_\_\_\_

By signature of the applicant authorization is given to the Zoning Administrator or Planning Commissioner, with or without others, to enter upon the property for the purpose of inspection.

In consideration of the issuance of this permit, the applicant hereby certifies that the above statements are true and correct, and hereby agrees to comply with the zoning regulations of Frontier County and any other regulations which are in effect. If in violation of the regulations or through misrepresentation of facts, this special use permit then becomes null and void and the applicant may be subject to the penalties established.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICIAL USE ONLY

Date \_\_\_\_\_ and time \_\_\_\_\_ of Public Hearing

Frontier County Planning Commission:

Permit approved and forwarded to Frontier County Board of Commissioners \_\_\_\_\_ Date \_\_\_\_\_

Permit Disapproved \_\_\_\_\_ Date \_\_\_\_\_

Reason for disapproval \_\_\_\_\_

Applicant notified by copy of this application on (date) \_\_\_\_\_

\_\_\_\_\_  
Zoning Administrator

\_\_\_\_\_  
Date