

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

Application No. _____
Administrative Fee \$25.00
(to be submitted with application)

Date of Application

APPLICATION FOR ZONING PERMIT
(An approved Application is valid for one (1) year from date of approval)

Applicant: _____, _____
(Name) (Signature)

(Address) (Telephone Number)

Address of Building Site or Land Usage _____

Section: _____ Township: _____ Range: _____

Property is located in a designated floodway Yes _____ No _____ If yes fill out bottom of page 2.

Building or land use site is located in zoning district: [] AG-1 Agricultural District [] I Industrial District
[] AG-R Agriculture Residential District [] HC Highway commercial District [] Other

Does District Zoning allow this type of construction or land use: Yes _____ No _____

If not has rezoning application been applied for: Yes _____ No _____

Applicant hereby makes application for [] New construction [] Remodel [] Repair [] Expand
[] Removal [] Relocate [] Land Use [] Change in land use [] Other _____

Current use of building or structure (if not new construction) or land use _____

Requested use of building or structure or land use _____

Is use for [] Agricultural [] NonAgricultural

Dimensions of Building or Structure Height: _____ Width: _____

Length: _____ Total Sq. Ft. _____

If Land Use Total Acres _____

If building or structure is a residence is it [] Single Family [] Multifamily

Total sq. ft. of living spacer per living unit _____

Type of construction: _____

Value of proposed Building or Structure: _____

If not new construction what is the amount of added value: _____

Distance structure will be from:

A. Front property line or edge of right of way _____ B. Rear property line _____

C. Side property line _____ D. Other Side Property Line _____

Size of total building site or area devoted to this permit:

_____ or _____
width length total acres covered by this permit

Proposed blueprint for construction complies with all health, fire, electrical, environmental, safety and all other applicable codes, regulations and laws of Frontier County. (Reference Frontier County Nebraska Zoning Regulations 1999 10.2 Building Permits) Yes _____ No _____

Approximately when will construction begin _____ End _____

Applicant has read and fully understands Frontier County Nebraska Zoning Regulations 1999 10.3 Certification of Occupancy requirements Yes _____ No _____

Will this permit have any effect on any private and/or public owned utility (such as gas line, water line, telephone cable, electric line, etc.)? Yes _____ No _____ If yes describe and show proof of easement permitting completion of project. _____

Name of Contractor and or subcontractors to complete work which is in accordance with all health, fire, electrical, environmental, safety and all local code and resolutions governing building construction, including subdivision regulations in Frontier County:

Name and Address:

General Contractor _____

Electrical _____

Plumbing _____

Sanitary Disposal System _____

Water Supply System _____

Special Conditions _____

If structure is an apartment dwelling, commercial or industrial building, how many off-street parking spaces will be provided _____

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 and any other regulations which are in effect. If in violation of the regulations or through misrepresentation of facts, this zoning permit then becomes null and void and the applicant may be subject to the penalties established.

Attach a drawing of site plan. Site plan requirements are attached.

FRONTIER COUNTY ZONING

Zoning Permit APPROVED _____ date

Zoning Permit DISAPPROVED _____ date

Reasons for Approval or Disapproval _____

Zoning Administrator

Date

By signature of the Frontier County Zoning Administrator Frontier County and or its Agents assume no liability and offer no assurances that building construction and or land reclamation conforms to established Federal, State and Frontier County codes.

Required floodplain Information: This section is to be completed for any manmade change to improved or unimproved real estate, including but not limited to buildings or other structures, mining, dredging, filling, grading, paving, excavation, drilling operations, or storage of equipment or materials. (Developer must obtain all other necessary federal, state, or local permits).

1. Elevation of the Base (100-year) Flood _____ ft. MSL/NGVD29 or NAVD88
2. Elevation/Flood proofing Requirement (if applicable) _____ ft. MSL/NGVD29 or NAVD88
3. Developer is required to submit hydraulic data demonstrating the proposed development will not increase flood heights more than one foot at any location.

This permit is issued with the condition that the lowest floor (including basement floor) of any new or substantially improved residential building will be elevated at least one foot above the base flood elevation. If the proposed development is nonresidential building, this permit is issued with the condition that the lowest floor (including basement) of a new substantially improved non-residential building will be elevated or flood proofed at least one foot above the base flood elevation. The developer/owner will provide certification by a registered engineer, architect or land surveyor of the "as-built" lowest floor elevation (including basement) or flood proofed elevation of any new or substantially improved building covered by the permit. All provisions of the Frontier County Floodplain Management Resolution #00-39 shall be complied with.