APPLICATION FOR ZONING PERMIT FOR NEW HOME SEWARD COUNTY

Date:	Zoning Permit #:			
Parcel ID #:	# Acres:	Pre	ecinct:	Zone ID:
Legal Description: Precinct:	Section:	Range:	Township:	Quarter:
Situs Address:				
Owner:			Phone #:	
Address:	Email:			
	CLASS	S OF WORK		
Type of Construction:	S	tick Built or Prefab	·	
Dwelling Square Footage:				
Basement Finish Type & Sq Ft:	(Living Space, Rec Room, Storage, etc.) Garage: Attached Detached			
If House is moved in, where is it coming from?				
	(Owner, Address, and /or Legal Description)			
ZONING REQUIREMENTS *ALL BUILDINGS WILL BE BUILT BY: IBC CODE STANDARDS 2018 OR BETTER *ALL WELL, SEPTIC, SEWER OR LAGOON STANDARDS ARE ADHERED TO BY: DEQ REGULATIONS: TITLE 124 *AN ELECTRICAL INSPECTION IS REQUIRED FOR ANY CONSTRUCTION. *THERE IS A 35 FOOT SETBACK INSIDE YOUR PROPERTY LINE IN SEWARD COUNTY				
Front Setback:				
Builder:				
Plumber:				
Electrician:	INSPECTION bing, electrical, and sewer wor			
ESTIMATED COST \$				
Plans and Schedules submitted: FEE: \$ 75.00 Receipt #:				
I hereby certify that the above statements a Permit is issued, all work will be done in acc Seward County Zoning Regulations. The permit is valid for 1 year from ap	cordance with all applicable	g		
Applicant Signature				
Approval Date	Project must be Completed b	ру У		
Administrator Signature				