

COUNTY OF SEWARD

PLANNING & ZONING ADMINISTRATOR - APPLICATION FOR CONDITIONAL USE

Zoning Permit # _____

1. Name of Applicant _____
2. Address & Telephone Number _____
3. Parcel ID _____
4. Address & Legal Description of Property
 Precinct _____ Section _____ Township _____
 Range _____ Quarter _____
5. Conditional Use & Reason for Request _____

6. Current Zoning District of Property _____
7. Is this use authorized as a conditional use in the zone (refer to use Matrix)? Yes No
8. A site plan to scale must accompany this application, showing dimensions of lot, existing buildings and other information pertaining to this conditional use.
9. Are current year's taxes paid in full? Yes No

THE ABOVE STATEMENTS AND ACCOMPANYING MATERIAL ARE COMPLETE AND ACCURATE.

Applicant

Date

A FEE OF \$600.00 MUST ACCOMPANY THIS APPLICATIONS

Action of the Planning Commission

Date legal notice was published _____ Date of Hearing _____
 Board's Recommendation: Approved _____ Denied _____
 Request Approved Conditionally _____
 Reasons Governing Recommendation _____

Action of the Board of Commissioners

Date legal notice was published _____ Date of Hearing _____
 Board's Decision: Approved _____ Denied _____
 Request Approved Conditionally _____
 Reasons Governing Decision _____

Chairperson

Date

Resolution Number _____

PLEASE NOTE: I UNDERSTAND THE COUNTY ASSESSOR'S OFFICE WILL BE OUT FOR BUILDING ASSESSMENT AND PHOTOS. _____ Applicant initials