SEWARD COUNTY
APPLICATION FOR CONDITIONAL USE PERMIT
ZONING REQUIREMENTS

***ALL BUILDINGS WILL BE BUILT BY: IBC CODE STANDARDS 2018 OR BETTER**

***AN ELECTRICAL INSPECTION IS REQUIRED FOR ANY CONSTRUCTION.**

Date: _____ **Zoning Permit #:** _____

Parcel ID #: _____ # Acres: _____ Zoning District: _____

Legal Description: Precinct: _____ Section:_____ Township:_____ Range:_____ Quarter:_____

Tower Owner: _____ **Phone #:** _____

Address: _____ **Email:** _____

Tower Lessee _____ **Phone #:** _____

Address: _____ **Email:** _____

CLASS OF WORK

Description of work to be performed _____

_____

_____

_____

Tower Height_____ Front Setback: _____ Side Yd: _____ Rear Yd: _____

Will any structures be added to the ground____ If yes, structure Size: Length:_____ Width:_____

Sidewall Height:_____ Square Footage: _____ Use of Structure_____

Builder: _____ Electrician: _____

Official Use Only

Application received_____ **FEE: $ 800 Received on**_____ **Receipt #:** _____

Action of Planning Commission

Date legal notice was published _____ Date of hearing _____

Board's Recommendation- Approved _____ Denied _____ Chairman_____

Reasons governing recommendation _____

_____

Conditions to permit _____

_____

Action of Board of Commissioners:

Date Legal Notice was Published _____ Date of Hearing _____

Board's Recommendation- Approved _____ Denied _____ Chairman_____

Reasons governing decision _____

_____

Conditions to permit _____

_____