



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: _____ Range: _____ Township: _____ 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 _____

