



SARPY COUNTY PLANNING

• 1210 GOLDEN GATE DRIVE PAVILLION, NE 68046
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CHANGE OF ZONE APPLICATION

In order for your application to be considered **COMPLETE**, please answer all applicable questions and provide the following:

1. Completed Change of Zone Application
2. Non-Refundable Fee of \$_____ made payable to Sarpy County Treasurer
3. Copy of Deed on file with Register of Deeds
4. 2 Site plan drawings(folded) and 25 reduced size (11" x 17") and 1 digital copy including: (if applicable)
 - a. Legal description with site layout (1"=20')
 - b. Metes and bounds description with lot size
 - c. Floodplain/floodway boundaries
 - d. Existing easements
 - e. General location map (2 mile radius)
 - f. Elevations or other supporting materials
5. Detailed operational plans
6. Contact information for consultants, i.e. engineer, surveyor, attorney, etc.

PLANNING STAFF USE ONLY:

APPLICATION NO.: _____ - _____

DATE RECEIVED: _____

CP DESIGNATION: _____

ZONING DESIGNATION: _____

FEE: \$_____ RECEIPT NO. _____

RECEIVED BY: _____

NOTES: _____

APPLICANT INFORMATION:

CHECK BOX IF TEXT AMENDMENT APPLICATION

NAME: _____

E-MAIL: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

MAILING (IF DIFFERENT)

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____

FAX: _____

PROPERTY OWNER INFORMATION: (If multiple owners, attach separate sheet)

Please check box if attaching separate sheet with owner information.

NAME: _____

E-MAIL: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

MAILING (IF DIFFERENT)

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____

FAX: _____

PROJECT DESCRIPTION: *(Describe the project in detail, including physical features of the site, proposed improvements, proposed uses or business, operating hours, number of employees, anticipated customers, etc. – Attach additional sheets if necessary.) PLEASE NOTE: A detailed project description is essential to the reviewing process of this request.*

PROJECT SITE INFORMATION: *Complete each section in its entirety. If a question is not applicable to your project, please indicate this to show that each question has been carefully considered.*

ASSESSOR'S PARCEL NUMBER: _____

ADDITIONAL PARCEL NUMBERS _____

LEGAL DESCRIPTION: *(Describe property to wit:)*

GENERAL PROPERTY LOCATION: _____ **ACRES:** _____

CURRENT ZONING: _____ **REQUESTED ZONING:** _____

SOURCE OF SERVICES: Water _____ Sewer _____
Gas _____ Electric _____

PLEASE NOTE THE FOLLOWING PROCEDURES:

1. The Planning Commission will hold a public hearing and make a recommendation to the County Board.
2. County Board will hold a public hearing and make a final decision on the Change of Zone.
3. All necessary agreements will be recorded with the Sarpy County Register of Deeds, the cost of which will be borne by the Change of Zone applicant or the property owner.

I, the undersigned, understand a sign will be posted on my property and will remain until the public hearing process at the Planning Commission and County Board is complete. I further understand the Change of Zone process as stated above and I authorize County Staff to enter the property for inspection related to the specific request during this process.

Owner Signature (or authorized agent)

Date

Owner Signature (or authorized agent)

Date