



# SARPY COUNTY PLANNING

• 1210 GOLDEN GATE DRIVE PAPILLION, NE 68046  
• PHONE: 402-593-1555 • FAX: 402-593-1558 • E-MAIL: [PLANNING@SARPY.COM](mailto:PLANNING@SARPY.COM)

## PRELIMINARY PLAT APPLICATION

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

1. Submit complete Preliminary Plat Application
2. Submit Non-Refundable Fee of \$ \_\_\_\_\_ made payable to Sarpy County Treasurer
3. 1 reduced size site plan drawing (8.5 x 11)
4. 1 Electronic copy of the plat drawing (PDF)
5. 25 full sized, **folded** plat drawings
6. Preliminary Drainage Plan
7. 5 copies proposed Post- Construction Storm Water Management Plan

### PLANNING STAFF USE ONLY:

APPLICATION NO.: \_\_\_\_\_ - \_\_\_\_\_  
 DATE RECEIVED: \_\_\_\_\_  
 CP DESIGNATION: \_\_\_\_\_  
 ZONING DESIGNATION: \_\_\_\_\_  
 FEE: \$ \_\_\_\_\_ RECEIPT NO. \_\_\_\_\_  
 RECEIVED BY: \_\_\_\_\_  
 NOTES: \_\_\_\_\_

**Please review sections 5 and 6 of the Sarpy County Subdivision Regulations for complete Preliminary Plat process requirements.**

### APPLICANT INFORMATION:

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: \_\_\_\_\_

### ENGINEER 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.*

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**PLAT 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.*

**PLAT NAME:** \_\_\_\_\_

**ASSESSOR’S PARCEL NUMBER:** \_\_\_\_\_ **CURRENT ZONING:** \_\_\_\_\_

**ADDITIONAL PARCEL NUMBERS** \_\_\_\_\_ **GEN. PROP. LOCATION\*:** \_\_\_\_\_

*\*example 189<sup>th</sup> & Giles Rd*

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

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**ADDITIONAL INFORMATION:** *Please use this space to provide any other information you feel is appropriate for the County to consider during review of your application. Attach extra sheets if necessary.*

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**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 Preliminary Plat.
- 3. All necessary agreements will be recorded with the Sarpy County Register of Deeds, the cost of which will be borne by the Preliminary Plat 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 Preliminary Plat 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