



SARPY COUNTY PLANNING

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

SPECIAL USE PERMIT APPLICATION

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

1. Submit complete Special Use Permit Application
2. Submit Non-Refundable Fee of \$250.00 made payable to Sarpy County Treasurer
3. 1 full sized site plan drawings (Folded)
4. 25 reduced size site plan drawing (8.5 x 11)
5. Detailed operational plans

PLANNING STAFF USE ONLY:

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

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.*

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: _____

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.*

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