Permit #_____

Conditional Use Zoning Permit Application
Dawes County Nebraska

Applicant Information:

Name: _____Phone:_____

Address:_____

Property Owner Information:

Name: _____Phone:_____

Address:_____

Property Information:

Legal Description of Property:_____# of Acres:_____

Existing Use of Property:_____Proposed Use of Property:_____

Existing Use of Adjacent Properties:_____

Description of the proposed use and activities involved in the use: _____

_____

_____

Property in a Floodplain? ☐ Yes ☐ No (If yes, a floodplain application must be completed before any permit can be issued)

Property in the Airport Danger Zone? ☐ Yes ☐ No (If yes, City of Chadron application and approval must be met before a Zoning/Building Permit can be issued)

In addition to the above information, all required information for application of a Conditional Use Permit as outlined in Section 18.02 of the Zoning Regulations as well as those specified in the section pertaining to the specific use shall be attached to this application before being considered. A completed list of the required attachments can be obtained from the Zoning Administrator.

I certify that the information submitted on this form and all attachments is accurate and complete.

_____ _____
Signature of Applicant Date

_____ _____
Signature of Property Owner Date

Do Not Write Below This Line – For Administrator Use

Permit #_____

Date of Zoning Board:_____ Date of Commissioner:_____

Zoning Board Recommendation: ☐ Approve ☐ Deny Reason: _____

Zoning Board Chair Signature:_____

Commissioner Decision: ☐ Approve ☐ Deny Reason: _____

Commissioner Chair Signature:_____

Permit ☐ Approved ☐ Not Approved If No, reason: _____

_____

_____

_____ _____

Signature of Zoning Administrator Date

Ninety (90) Day Inspection Date:_____ Completion Date:_____