

Zoning Classification \_\_\_\_\_ Value \$ \_\_\_\_\_  
Please call 811 before completing form

PERMIT NUMBER \_\_\_\_\_  
FEE \$25.<sup>00</sup> CASH \_\_\_\_\_ CHECK# \_\_\_\_\_

### APPLICATION FOR A RESIDENTIAL ZONING PERMIT

St. Paul, Nebraska: DIRECTIONS: Fill in the following information as accurately and completely as possible. This application is not acceptable unless all requirement information is furnished.

Property Owner \_\_\_\_\_ Contractor \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Phone \_\_\_\_\_

Complete Legal Description of the Property \_\_\_\_\_

Address of Construction Site \_\_\_\_\_  
(If none, one must be registered with City of St. Paul) *In the Flood plain* \_\_\_\_\_?

Proposed Structure \_\_\_\_\_ Dimension of Structure \_\_\_\_\_

Distance from Front property line \_\_\_\_\_

Rear Property Line \_\_\_\_\_ Side Property Line \_\_\_\_\_ Second Side Line \_\_\_\_\_ Between other buildings (Min 10') \_\_\_\_\_

Is there a utility easement on either the back or side property? \_\_\_\_\_ If so attach a copy of neighbor approval.

Approximately when will construction Start \_\_\_\_\_ Finish \_\_\_\_\_

To Whom Should the Improvements be assessed? \_\_\_\_\_

Contact Utility Superintendent at (308) 754-4483 regarding Set-Back Inspection. \_\_\_\_\_ Date of visit \_\_\_\_\_  
**(Matt Helzer's signature)**

**Recommendations needed before approval:** \_\_\_\_\_

**(One Mile radius outside city limits)** If the structure is a residence on less than 10 acres indicate the date this property was platted as a separate parcel \_\_\_\_\_ and the Name of the Lot Split or Subdivision, \_\_\_\_\_

**For Office Use Only:**

Is the proposed use permitted within this zoning district? \_\_\_\_\_ YES \_\_\_\_\_ NO

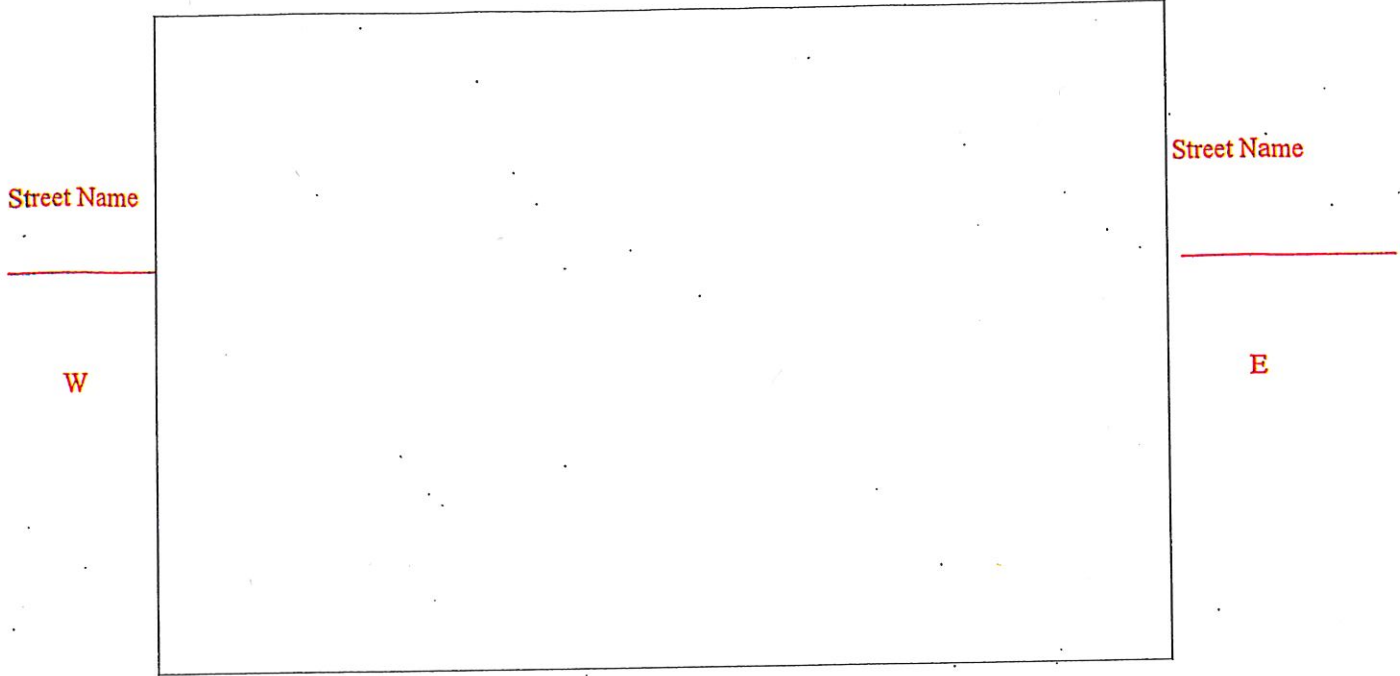
Does the proposed use meet all the required setback distances? \_\_\_\_\_ YES \_\_\_\_\_ NO

Is a conditional use required for the proposed use? \_\_\_\_\_ YES \_\_\_\_\_ NO

Has a Conditional Use Permit been issued for this proposed use? \_\_\_\_\_ YES \_\_\_\_\_ NO  
If yes, when does it expire? \_\_\_\_\_

Site Plan Sketch:

North Street Name \_\_\_\_\_



South Street Name \_\_\_\_\_

Indicate, by drawing, the shape and dimensions of the land, shape and dimensions of all existing and proposed building and structures and the distances from the proposed building and structures to all lot lines (from road frontages, side and rear lot lines). Show the location of roads fronting the property. **MUST CALL DIGGERS HOTLINE @ 811 BEFORE DIGGING – CONSTRUCTION ON UTILITY EASEMENTS IS NOT PERMITTED. NEW HOMES MUST CALL ELECTRICAL INSPECTOR, Kim Farnstrom 308-728-7612**

The above information is, to the best of my knowledge, true and accurate. It is understood and agreed that any error, misstatement or misrepresentation of fact, either with or without intention on my part, such as might, if known, cause a refusal of this application, or any alteration or change in plans made without the approval of the Zoning Administrator subsequent to the issuance of the Permit, shall constitute sufficient grounds for the revocation of such permit. This permit is valid for one (1) year from approval date and work must be started within the first 6 months.

**The signature also indicates permission granted to the Zoning Administrator to inspect the construction site in which this permit is granted at any time until construction is completed and a Certificate of Occupancy is issued.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use Only:**

Permit is Approved \_\_\_\_\_ Denied \_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_\_\_  
 Zoning Administrator

Reasons for Denial: