

Zoning Classification _____ Value \$ _____ PERMIT NUMBER _____
Please call 811 before completing form FEE \$50.00 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 required 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 _____ Distance from Rear Property Line _____

Distance from Side Property Line _____ Distance from Second Side Line _____

Is there a **utility easement** on any side of the property? _____

Approximately when will construction Start _____ Finish _____

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 _____ Name of the Lot Split or Subdivision _____

For Office Use Only:

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

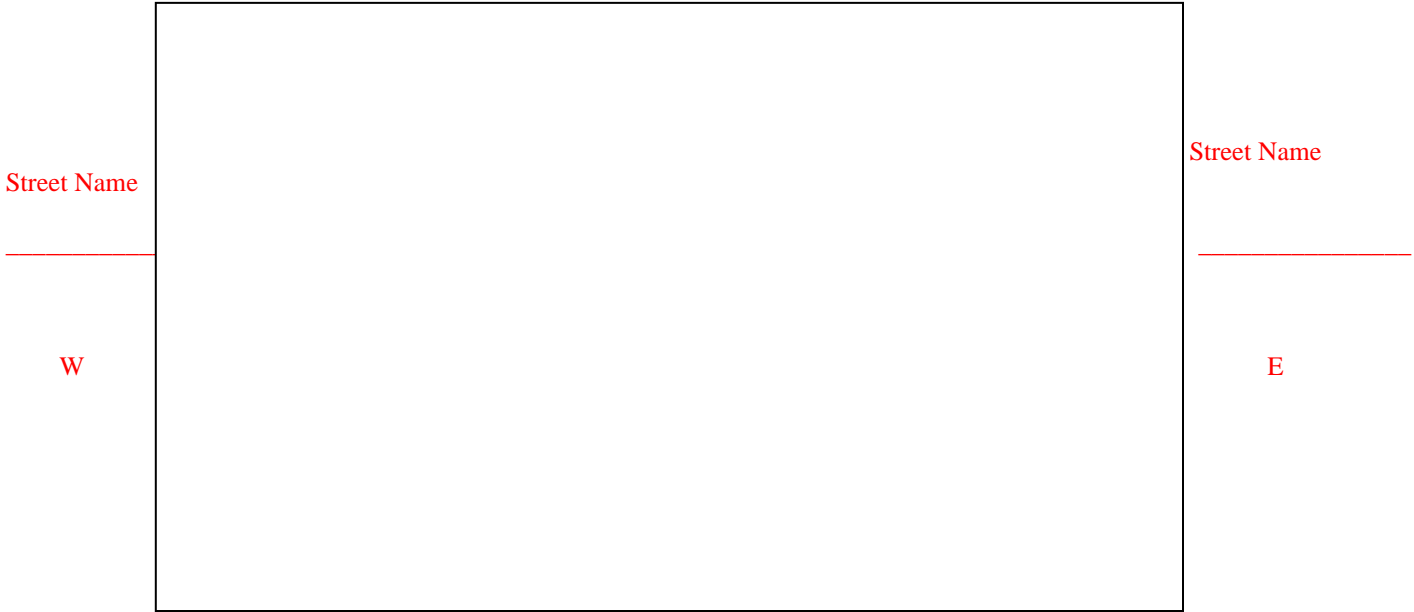
Does the proposed use meet all the required setback distances? YES _____ NO _____

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 buildings 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.**

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.

Signature of Applicant _____ Date _____

For Office Use Only:

Permit is Approved _____ Denied _____
Zoning Administrator Signature _____ Date _____

Reasons for Denial: _____