

Date submitted to P&Z: \_\_\_\_\_

**Ticket no.: 26** \_\_\_\_\_

**File no.: \_\_\_\_\_ -- 26**

**Filing fee: \$ 250.00 ,**

Date advertised \_\_\_\_\_ PC recommendation \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_ Hearing Date \_\_\_\_\_

Date advertised \_\_\_\_\_ County Board action \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_ Hearing Date \_\_\_\_\_

**Above for County Zoning office use only.**

## APPLICATION FOR A CONDITIONAL USE PERMIT (CUP) IN JEFFERSON COUNTY, NE.

### Directions:

1. Items below must be filled out completely before acceptance of this application. Please print or type.
2. Page 1 & 2; CUP Application,  
Page 3; CUP Justification Application,  
Page 4; Aerial photo of area with as much information documented as possible.
3. Contact the Jefferson County Zoning Administrator at 402-729-3602 if you have any questions.
4. **Filing fee: \$ 250.00.** Make checks payable to Jefferson County Planning and Zoning.
5. Property owners within 1 mile (unincorporated) and 100 feet (incorporated) areas will receive written notice by certified mail of this request.
6. Construction will not be allowed until the Planning and Zoning Commission has recommended and the County Commissioners have approved this permit application.
7. A late fee of 4X the permit will be charged if work begins before CUP is issued.

**Date:** \_\_\_\_\_, \_\_\_\_, 2026

1. Property Owner: \_\_\_\_\_
2. Property Owner Address: \_\_\_\_\_, City: \_\_\_\_\_, State: \_\_\_\_\_, Zip Code: \_\_\_\_\_
3. Property Owner Telephone: (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_, and/or Cell Phone: (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_
4. Applicant (if different from owner): \_\_\_\_\_  
Address: \_\_\_\_\_, City: \_\_\_\_\_, State: \_\_\_\_\_, Zip Code: \_\_\_\_\_  
Telephone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_ and/or Cell Phone: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_
5. Current use of the property: \_\_\_\_\_
6. Desired use of the property: \_\_\_\_\_
7. Current property zoning district: AG: \_\_\_\_\_, AGR: \_\_\_\_\_, I: \_\_\_\_\_, C: \_\_\_\_\_
8. Legal description: Quarter \_\_\_\_\_,

(Section \_\_\_\_\_), (Township: \_\_\_\_\_ North), (Range: \_\_\_\_\_ East), Township Name: \_\_\_\_\_

9. Parcel ID#: \_\_\_\_\_

10. Under what section (article) of the zoning regulations are you seeking for this permit: \_\_\_\_\_

11. Explain in detail what you propose to do: \_\_\_\_\_

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12. Livestock facility/operations request (only): N/A: \_\_\_\_\_

Facility: A \_\_\_\_\_, B \_\_\_\_\_, C \_\_\_\_\_, D \_\_\_\_\_, E \_\_\_\_\_

Current Animal Units: \_\_\_\_\_, Proposed Animal Units: \_\_\_\_\_

13. 911 address if location is different from above (acquire from Sheriff's office)?

YES: \_\_\_\_\_, NO: \_\_\_\_\_, N/A: \_\_\_\_\_, Address; \_\_\_\_\_

14. This authorizes the County Zoning Administrator, if needed to enter upon the property during normal working hours for the purpose of becoming familiar with the proposed situation. The Administrator may be accompanied by members the County Board of Commissioners or the County Planning Commission.

15. \_\_\_\_\_ / \_\_\_\_\_  
Property Owner Signature / Date

16. \_\_\_\_\_ / \_\_\_\_\_ ( If #4 has been completed)  
Applicants Signature / Date

Additional Information space (if needed):

**JUSTIFICATION FOR CONDITIONAL USE PERMIT**  
**(You must justify your request.)**

Questions 1 through 9 must be answered completely. Use additional sheets if needed.

1. Will soil conditions support the kinds of development in the **Conditional Use Permit** area?

**YES:** \_\_\_\_\_, **NO:** \_\_\_\_\_, **N/A:** \_\_\_\_\_

2. Is the proposed **Conditional Use Permit** going to be in the floodplain hazard area as delineated under the federal flood insurance program?

**YES:** \_\_\_\_\_, **NO:** \_\_\_\_\_, **N/A:** \_\_\_\_\_

3. Provide a reason for a **Conditional Use Permit** in this area. **(If different from #11 on page 2).**

4. Will this **Conditional Use Permit** fit into the current zoning district?

**YES:** \_\_\_\_\_, **NO:** \_\_\_\_\_, **N/A:** \_\_\_\_\_

5. What is the general character of the area? **Give a brief description.** (i.e. the land, lakes, homes, etc.)

6. What type of utilities will be used? (If applicable): **N/A;** \_\_\_\_\_

**Septic tank:** \_\_\_\_\_, **lagoon:** \_\_\_\_\_, **drilled well:** \_\_\_\_\_, **rural water:** \_\_\_\_\_, **electricity:** \_\_\_\_\_

7. Will this Permit affect any public project areas? **(i.e. Wildlife Management Areas, etc.)**

**YES:** \_\_\_\_\_, **NO:** \_\_\_\_\_ **If yes, Where:** \_\_\_\_\_

8. Will this **Conditional Use Permit** affect traffic in the area? (i.e. vehicle, people, etc.)

9. Is this Permit request going to be in a **Wellhead Protection Area**?

**YES:** \_\_\_\_\_, **NO:** \_\_\_\_\_ **If yes, Where:** \_\_\_\_\_

**Attach Aerial Photo Here**