Date submitted to P&Z:					
Ticket no.: 25					
File no.: 25					
Filing fee: <u>\$ 250.00</u> ,					
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.
- 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 <u>402-729-3602</u> if you have any questions.
- 4. Filing fee: <u>\$ 250.00</u>. <u>Make checks payable to Jefferson County Planning and Zoning.</u>
- 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 <u>not</u> 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: _____, ___, 2025

1.	Property Owner:			
2.	Property Owner Address:	, City;	, State;	_, Zip Code;
3.	Property Owner Telephone: ()	, and/or Cell Pho	one; ()	
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#: _____

0. Under what	t section (article) of the zoning regulations ar	e you seeking for this permit:	
1. Explain in o	detail what you propose to do:		
2. Livestock fa	acility/operations request (only): N/A:	-	
Facility: A	, B, C, D	, E	
	nimal Units:, Proposed Ar		
	· · · · · · · · · · · · · · · · · · ·		
3. 911 address	s if location is different from above (acquire f	from Sheriff's office)?	
YES:	, NO:, N/A:, Addı	ress:	
4. This author for the purj	rizes the County Zoning Administrator, if nee pose of becoming familiar with the proposed s he County Board of Commissioners or the Co	eded to enter upon the proper situation. The Administrator 1	ty during normal working hour
		,	
5.	Property Owner Signature	// Date	
б.		1	(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: _____

Page 3 of 4

Attach Aerial Photo Here

Page 4 of 4