

Office Received
Date: _____
By: _____

Jefferson County, Nebraska Application For
Permitted Use Wind Tower Zoning Permit

Small Wind Energy Conversion System (SWECS) (CUP) File no. _____

Ticket no. 25

Date of Application: _____, _____, 2025

Checks Made to: **Fee: \$ 50.00**

Jefferson County Planning & Zoning

1. Property Owner: _____

Address: _____

City: _____, State: _____, Zip Code: _____, Telephone: (____)-____-____ and/or Cell Phone: (____)-____-____

2. Applicant (if different from owner): _____

Address: _____

City: _____, State: _____, Zip Code: _____, Telephone: (____)-____-____ and/or Cell Phone: (____)-____-____

3. Builder: _____, Address: _____,

4. Legal Description: Quarter: _____,

(Section: _____), - (Township: _____ North), - (Range: _____ East), - Township Name: _____

5. Parcel ID#: _____

6. Zoning District: AG: _____, AGR: _____, I: _____, C: _____

7. Type of Construction: New: _____, Replace: _____, Other: _____

8. Name Plate Capacity: _____

9. Tower 911 Address: _____ N/A: _____

10. Tower Height in Feet (ground to blade tip): _____',

11. Blade Rotor Diameter in Feet (tip to tip): _____'

12. Setbacks: Front (road entrance): _____', Side Property line: _____', Rear Property line: _____',
(Blade tips have a required set-back of 25' from side and rear property lines and State, County and Railroad right-of-ways)

13. Waiver required (for setbacks different from above): YES: _____, NO: _____,
14. Is this Permit going to be in or close to a Wellhead Protection Area? YES: _____, NO: _____, Where? _____
15. Is this permit in a floodplain? YES: _____, NO: _____,

Construction needs to start within One (1) year of the date on this application.

If construction has not begun at the One (1) year date a new permit application will be required with fee.

******A late fee of 4X the permit fee will be charged if construction starts before permit is issued******
******Plus if no response in 5 business days of the date on the certified letter notification 1% times the assessed value will be charged if construction starts before permit is issued.******

I hereby certify that the above statements are correct and that if a zoning permit is issued, work will then begin and will be done in accordance with the ordinances of the Governing Entity.

16. _____ / _____
Property Owner Signature / Date

17. _____ / _____ (If #2 has been completed)
Applicant Signature / Date

Zoning Administrator / Date Approved

Page 1 & 2: Permit Application

Page 3: Aerial Photo of This Project Site is required with Application to show improvements

ALL LINES NEED TO BE FILLED OUT BEFORE APPLICATION CAN BE APPROVED

Return forms and payment to:

Jefferson County Zoning Administrator
313 South K St.
Fairbury, Ne. 68352
For Further Information Call: 402-729-3602

*Permit approval subject to compliance with all
County Regulations, including building location,
area, construction, and mechanical installations.

NOTES: