

Date submitted to P&Z: _____

Ticket no.: 25 _____

File no.: _____ -- 25

Filing fee: \$ 75.00 ,

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 SPECIAL USE PERMIT (SUP) IN JEFFERSON COUNTY, NEBRASKA

Directions:

- 1. Items below must be filled out completely before acceptance of this application. Please print or type.**
- 2. Page 1 & 2; SUP Application,
Page 3; SUP 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: \$ 75.00. 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 of this request.**
- 6. Construction will not be allowed until the Planning and Zoning Committee has recommended and the County Commissioners have approved this permit application.**

Date: _____, ____, 2025

- 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: _____

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 SPECIAL 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 **Special Use Permit** area?

YES: _____, **NO:** _____, **N/A:** _____

2. Is the proposed **Special 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 **Special Use Permit** in this area. **(If different from #11 on page 2).**

4. Will this **Special 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 **Special 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