

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

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

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

**Filing fee: \$ 100.00**

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

Date advertised \_\_\_\_\_ Governing body action  Approved  Disapproved Hearing Date \_\_\_\_\_

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

## **APPLICATION FOR A CHANGE OF ZONING IN JEFFERSON COUNTY, NEBRASKA**

- 1. Items below must be filled out completely before acceptance of this application. Please print or type.**
- 2. Page 1 & 2 Change of Zoning Application,  
Page 3 Change of Zoning 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: \$ 100.00. 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.**

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

- 1. Property Owner: \_\_\_\_\_**
- 2. Property Owner Address: \_\_\_\_\_, City: \_\_\_\_\_, State: \_\_\_\_\_, ZIP code: \_\_\_\_\_**
- 3. Property Owner Telephone: (\_\_\_\_)-\_\_\_\_-\_\_\_\_ and/or Cell Phone: (\_\_\_\_)-\_\_\_\_-\_\_\_\_**
- 4. Current use of the property: \_\_\_\_\_**
- 5. Desired use of the property: \_\_\_\_\_**
- 6. Zoning district now: AG: \_\_\_\_\_, AGR: \_\_\_\_\_, I: \_\_\_\_\_, C: \_\_\_\_\_**
- 7. Requested zoning district: AG: \_\_\_\_\_, AGR: \_\_\_\_\_, I: \_\_\_\_\_, C: \_\_\_\_\_**
- 8. Legal Description: (Quarter \_\_\_\_\_),  
(Section \_\_\_\_\_), - (Township \_\_\_\_\_ North), - (Range \_\_\_\_\_ East), - Township Name: \_\_\_\_\_**

9. Parcel ID# of current property: \_\_\_\_\_

10. Area of property now (acres): \_\_\_\_\_

11. Area of property requested (acres): \_\_\_\_\_

12. The zoning administrator, who may be accompanied by others, is hereby authorized to enter upon the property during normal working hours for the purpose of becoming familiar with the proposed situation.

13.

\_\_\_\_\_  
Property Owner Signature / \_\_\_\_\_

\_\_\_\_\_  
Date

Additional Information Space (If Needed)

**JUSTIFICATION FOR ZONING CHANGE**  
**(You must justify your request.)**

**Questions 1 through 7 must be answered completely. Use additional sheets if needed.**

1. Is the proposed **Zoning Change** going to be in the floodplain hazard area as delineated under the federal flood insurance program?

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

2. Provide a reason for a **Change of Zoning** in this area.

3. Will this **Change of Zoning** fit into the current zoning district?

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

4. What is the general character of the area? **Describe.** (i.e. the land, lakes, homes, etc.)

5. Will this **Change of Zoning** affect any proposed public projects? (i.e. **Wildlife Management Areas, etc.**)

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

6. Will this **Change of Zoning** affect traffic in the area? (i.e. vehicle, people, etc.), Explain:

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

7. Is this **Change of Zoning** request going to be in a **Wellhead Protection Area?**

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

**Attach Aerial Photo Here**