

Parcel # _____
Permit# _____

Tax District: _____
Date: _____

APPLICATION FOR NON-AGRICULTURAL ZONING PERMIT

Merrick County Planning and Zoning
PO Box 27
Central City, NE 68826
308-946-3120

PERMIT FEE: \$15.00

Building Removal No Charge

New construction proposed: ___ Residential ___ Accessory ___ Commercial ___ Industrial

Addition to existing building: ___ Residential ___ Accessory ___ Commercial ___ Industrial

Other: ___ Deck ___ Repair ___ Building relocation

Job Description: _____

Owner: _____

Job Address: _____

Legal Description: _____

Estimate Cost: _____ **Estimate Time of Completion:** _____

Contractor: _____ **Electrician:** _____

Certified Sewer Installer: _____ **Is structure in flood plain:** ___ Yes ___ No

Dimensions of structure: ___ x ___ **Height of structure** _____

If residential: # of bedrooms ___ # of bathrooms ___

If being moved in, where is it coming from (name & legal): _____

This structure needs a street or 911 address ___ Yes ___ No

Location, ownership, and details must be correct, complete and legible. Separate application required for each building. On the back side of this form make a drawing showing the lot and dimensions, existing buildings and dimensions, and proposed building and dimensions and setbacks from property lines.

In consideration of this issuance of this permit, the applicant hereby certifies that the above statements are true and correct, and hereby agrees to comply with the zoning regulations and other regulations which are in effect. If in violation of regulations or through misrepresentation of facts, this building permit then becomes null and void and application may be subject to the penalties outlined in Nebraska Revised Statutes §23.114.05.

This permit is valid for one (1) year from date of approval.

**KEEP PERMIT
ON PREMISES**

APPLICANT: _____
ADDRESS/CITY/ZIP: _____
PHONE: _____
SIGNATURE: _____

For Office Use Only:

This permit is: Approved: ___ Approved Conditionally: ___ Denied ___

Comments/Conditions: _____

Flood plain conditions: _____

Jen Myers, Administrator

Flood Plain Administrator

Date

Date

Paid _____ Check No. _____

Receipt No. _____