

Zoning District: ___A-1 A-2 A-3 ___R-1 ___R-M ___C-1___L-1___1-2___

Applicant Information

Name _____ Phone _____
Address _____ City _____ State _____ ZIP _____

Contractor Information:

Signature _____ Phone _____
Address _____ City _____ State _____ ZIP _____

Construction Information:

1. Complete Legal Description of Property _____
2. This structure needs a 911 address Yes No
3. Structure to be ___erected ___moved ___enlarged
4. Type of structure or building proposed _____
5. Proposed use of structure or building _____
6. Dimensions of structure _____ x _____ Height of structure _____ Pitch of Roof _____
7. Value of structure _____
8. Approximate date construction will: Start _____ Finish _____
9. Is a septic system required for this plan Yes No

Structure will be From:

1. Structure will be more than 60 feet from center of county road ___ Yes No
2. Edge of public right of way _____
3. Rear property line _____
4. Side property line _____
5. Side property line _____
6. Lot size or number of acres _____
7. Structure located in a 300 foot corridor of a state or federal highway: Yes _ No

General Information:

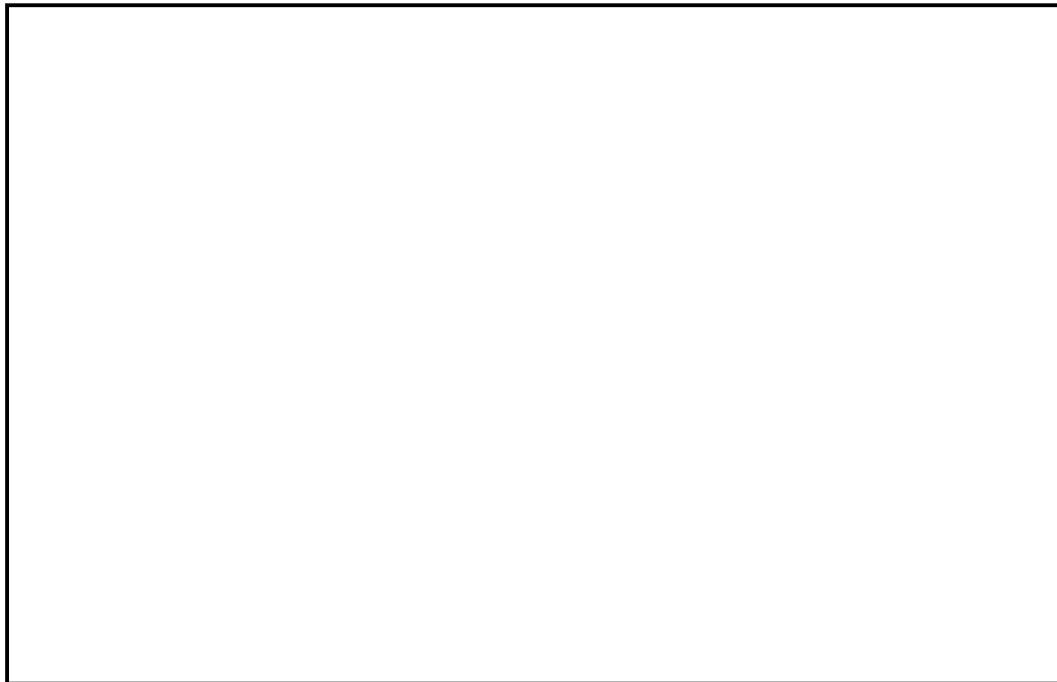
1. To whom should the improvements be assessed? _____
2. If structure is a residence, how far will the structure be from the nearest feedlot? _____
3. If the structure is related to a feeding operation how far will it be from the nearest residence under different ownership from the feeding operation? _____
4. If the structure is an apartment **dwelling**, commercial or industrial building, how many off-street parking spaces will be provided?
5. Will this structure be used for business purposes? Explain:

Please indicate the approximate location of the structure and the nearest driveway access on the Section Diagram below.

If a new access is proposed has the County Highway Superintendent been contacted? Yes No

BOONE COUNTY ZONING BOONE COUNTY NEBRASKA PERMIT #
Show on the grid the legal area where the structure is to be placed. Indicate by drawing in the clear box: shape of the land, shape of all existing and proposed buildings or structures.

NW 1/4NW1/4	NE 1/4NW1/4	NW 1/4NW1/4	NE 1/4NW1/4
SW 1/4NW 1/4	SE 1/4NW1/4	SW 1/4NW 1/4	SE 1/4NW 1/4
NW 1/4NW1/4	NE 1/4NW 1/4	NW 1/4NW1/4	NE 1/4NW 1/4
SW 1/4NW 1/4	SE 1/4NW 1/4	SW 1/4NW 1/4	SE 1/4NW 1/4



****Attach blueprints or sketch of structure with dimensions.****

BUILDINGS**

Pole Building: Yes or No Size of Building: WxLxHt _____
 Type of Floor: Concrete Wood Dirt Heated Type of Siding: Metal _____ Wood _____ Other _____
 Style of Roof: Gable Flat Type of Roof: Asphalt Metal Other
 Electricity: Yes or No Materials: New _____ Used _____ If used, approximate age _____
 Plumbing: Yes or No How many fixtures? _____ Heating: Yes or No What type? _____
 Does it have any open sides? Yes or No If yes, which side _____ Width/Length _____

Other Uses:

Will it have an office? Yes or No Size of Office: W x L x H _____
 Plumbing: Yes or No If so how many fixtures? _____ Heating: Yes or No What type? _____
 Central Air: Yes or No Type of Floor: _____

Will it have a living area? Yes or No Size of Living Area: WxLxH _____
 Plumbing: Yes or No How many fixtures? _____ How many Bathrooms? _____
 Heating: Yes or No What type? _____ Central Air: Yes or No Type of Flooring: _____
 How many Bedrooms: _____ Does it have a kitchen: Yes or NO

Located next to (nearest building) _____ Value of Proposed Structure _____

****Blueprints or a sketch of building (with room dimensions) must be attached to this application.**

BINS

Grain Bin Information:

Brand Name: _____
 Size of Bin: Diameter: _____ Height to Eave: _____ # of Rings: _____ Bushels _____
 Bin Type: Storage _____ Drying _____ Aeration _____ High Moisture _____
 Floor: Concrete _____ Perforated _____ Both _____
 Type of Ventilation: _____
 Fans (Aeration/Drying) _____ HP Centrifugal (squirrel cage) _____ Axial (Vane Fan) _____
 Dryer Unit _____ H.P. _____
 Please select all features that will apply to this structure
 Concrete under Bin Perforated floor under Bin _____ Grain Spreader Stirator Power Sweep _____
 Roof Vent Vertical (truck) Auger
 Unloading Auger: Yes or No
 New _____ Used _____ if used, approximate age _____
 Located next to (nearest building) _____ Value of Bin Structure _____

Overhead Bin & Superstructure Information:

of Bins _____ Size in Bushels _____ Superstructure _____ Width _____ Length _____ Height to Bin _____

Elevator Legs

Brand Name _____ New Used _____ Age if used _____
 Discharge Height _____ Carrying Capacity (Bushels/Hour) _____
 Spouting Size _____ Spouting Length _____

House Style:

Split level
1 1/2-level _____
1 1/2 S (fin): 1st st sq ft _____ 1/2 st sq ft _____
1 1/2 S Wm): 1st st sq ft _____ 1/2 st sq ft _____
I story _____
2 story _____ 1st st sq ft _____ 2nd st sq ft _____

Siding:
Plywood/Hardwood
Stucco
Vinyl
Smart siding
Cement board/hardi plank
Brick

Roofing:
Asphalt shingle
Wood Shakes Metal Other

Flooring: 1st floor 2nd floor
Carpet
Tile or
linoleum
Hardwood
Other _____ Y %

Bathrooms: 1st floor 2nd floor Basement

Stools
Sink
Tub
Shower
Tub/Shower
Hot Tub
Whirlpool _____

Number of bedrooms? _____

Other Fixtures: Kitchen Sink
Hot Water Heater
Laundry sink or tub
Rough-in Washer/Dryer

Type of Heat:
Forced Air: Gas Elec
Floor or wall furnace ___
Heat Pump
Radiant Heat
Geo-thermal ___
Other

Central Air
Fireplace: 1st St 2nd St basement
Brick _____
Stone _____
Other: _____
1 story _____
2 story _____
Vented Yes No
Single or Double?

Basement: Yes No
Concrete Poured Concrete Block _____ 8" 10"
Full Partial Size _____ sq ft
Basement finish
% finished
Walls
Ceiling
Floors

Decks: x
Railing: Lineal ft

Porches:
Open w/roof Size x
Enclosed: Glass Screen Solid
Size x Finished ___ Unfinished

Patio _____ x
Patio Cover: Aluminum
Fiberglass
Steel
Other _____
Patio Doors: Sliding
Atrium
Other

Garage:
Attached
Detached Siding Type _____
Size x

Ceiling
Walls
Driveway x

Addition:
Size x
Which side of house _____

Estimated cost: _____

Other information needed for this permit and/or structure:

In consideration of the issuance of this permit, the applicant hereby certifies that the above and attached 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 zoning permit then becomes null and void and applicant may be subject to the penalties established. Upon signing this application, the applicant is allowing the administrator or authorized personnel to enter upon the property for the purpose of inspection.

Date

Applicants Signature

FOR ZONING ADMINISTRATOR TO COMPLETE:

Zoning District _____

Parcel # _____

Flood Plain: Yes No Floodplain Panel # _____

Does this structure and use comply with the zoning district of Boone County: Yes No

Fee collected: Yes No Amount \$ _____ Due _____

This permit expires on _____. If work has started before the expiration date, the permit is good until _____. If unable to start work before _____ you must apoly in writing for an extension before _____. An extension is good for **one year** after the date issued. If this permit expires, you must re-apply and pay for a new permit.

Permit No. _____ This permit is: Approved _____ Denied _____ Approved Conditionally ____

according to the facts stated above by the owner.

Conditions for this permit:

Reason for denial:

Date: _____

Mary Ziembra, Zoning Administrator