

FRONTIER COUNTY
P.O. BOX 40
STOCKVILLE, NE 69042-0040
(308) 367-8641

Application No. _____

Administrative Fee \$50.00

(check payable to Frontier County Treasurer)

_____ Date of Application

APPLICATION FOR SPECIAL USE PERMIT

(Under the provisions of section 6 of the Frontier County Zoning Regulations, adopted December 6, 1999, the below listed party/ies request a special use permit)

Instructions:

1. Fill out application form completely, please print or type, use additional pages if needed.
2. On the attached graph paper provide a, to scale, drawing showing
 - a. Public roads, b. Distance from paved road, c. Private lanes/driveways, d. Current building location and their use, e. proposed building locations and usage of proposed building, f. Type and location of sanitary disposal system, g. type and location of sanitary water system, h. boundaries of property, i. Direction North.
3. Submit a list, prepared by a certified abstractor, of the names and current address of all property owners within one (1) mile of the property line of the property requesting this special use permit.
4. This permit is required in addition to a zoning permit.
5. For assistance contact the Frontier County Zoning Administrator.

1. Applicant's name: _____

2. Applicants address: _____

_____ Zip: _____

Telephone (business) _____ (home) _____

3. Property owners name: _____

Address: _____ Zip: _____ Telephone: _____

4. Property is currently in District: AG1 Agricultural AGR Agricultural Residential HC Highway Commercial Industrial

5. Legal Description of Property _____

6. Size of Property _____ square foot, or _____ acres

7. Present use of Property: _____

8. In detail describe the proposed use of this property: _____

9. Current value of property: \$ _____ estimated increase in value of property \$ _____.

10. For how many years are you seeking this permit (5 years, 10 years, etc.)? _____

11. How are adjoining properties used? Indicate both zoning district designations and actual uses.

North: _____ South: _____

East: _____ West: _____

By signature of the applicant authorization is given to the Zoning Administrator or Planning Commissioner, with or without others, to enter upon the property for the purpose of inspection.

In consideration of the 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 of Frontier County and any other regulations which are in effect. If in violation of the regulations or through misrepresentation of facts, this special use permit then becomes null and void and the applicant may be subject to the penalties established.

Signature of Applicant _____ Date _____

FOR OFFICIAL USE ONLY

Date _____ and time _____ of Public Hearing

Frontier County Planning Commission:

Permit approved and forwarded to Frontier County Board of Commissioners _____ Date _____

Permit Disapproved _____ Date _____

Reason for disapproval _____

Applicant notified by copy of this application on (date) _____

Zoning Administrator

Date