

COMMUNITY DEVELOPMENT

205 North 4th Street | Beatrice, NE 68310
Phone: 402.228.5250 Fax: 402.223.5252
community@beatrice.ne.gov



PERMIT NUMBER: _____

ADMINISTRATIVE SETBACK ADJUSTMENT APPLICATION

OWNER(S) INFORMATION **SETBACKS**

Name(s): _____ Zoning District: _____

Address: _____ **Required Setbacks** **Proposed Setbacks**

Front: _____

Phone: _____ Interior: _____

Street: _____

Email: _____ Rear: _____

PROPOSED PROJECT DETAILS
(Attach Site Plan with dimensions and indicate North)

Project Address: _____

Legal Description: Lot(s): _____ Block: _____ Addition: _____

Description of Project: _____

Reason for Setback Adjustment Request: _____

If approval is granted, you must file all required documents and proper permits must be issued prior to commencement of work.

APPLICANT(S) SIGNATURE

I hereby certify that I have read and examined this application and affirm the above information, as well as any attached information, as true and correct. I also agree to comply with all applicable ordinances or laws of the City of Beatrice, Nebraska. I further certify that I am authorized to sign this Administrative Setback Adjustment Application.

Signature _____
Date

Signature _____
Date

OFFICE USE ONLY

Application Fee: \$50.00 **Received By:** _____ **Date:** _____ **Date Posted on Property:** _____

Comments: _____

Approved Denied **Date:** _____

APPROVALS

City Administrator/General Manager: _____ **Date:** _____

Mayor: _____ **Date:** _____

Com Dev Director: _____ **Date:** _____