

COMMUNITY DEVELOPMENT

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



PERMIT NUMBER: _____

SPECIAL USE PERMIT APPLICATION

APPLICANT(S) INFORMATION

Name(s): _____

Address: _____

Phone: _____ Email: _____

A site plan to include all existing and proposed improvements, dimensions, and setbacks to all property lines must be submitted as an attachment to this application.

PROPERTY OWNERSHIP ATTESTATION

I/We, _____, hereby certify that I/we are the lawful owner(s) of real estate legally described as follows:

or will receive a conveyance thereof if this application for a Special Use Permit is granted.

SPECIAL or CONDITIONAL USE ATTESTATION

I/We, _____, hereby apply for a Special or Conditional Use Permit for the following use:

I/We hereby declare that if the application is granted that the aforementioned property will be used in conformity with the zoning restrictions then in effect on the property unless a new application for a Special or Conditional Use Permit is granted.

I/We request that the Planning and Zoning Commission set a hearing date on this application, publish notice of said hearing in accordance with the zoning ordinance, and post the above described property.

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

APPLICANT(S) SIGNATURE

I/We declare under penalties of perjury that I/we have examined this application and to the best of my/our knowledge and belief, it is correct and complete.

Signature

Date

Signature

Date

OFFICE USE ONLY

Application Fee: \$100.00 Received By: _____ Date: _____

Date Posted on Property: _____ Date of Hearing: _____

Comments: _____

Com Dev Director: _____ Date: _____

DECISION

PLANNING & ZONING COMMISSION Approved Denied the Special Use Permit this _____ day of _____, 20_____.

Planning and Zoning Chairman: _____ Date: _____