APPLICATION FOR A SPECIAL USE PERMIT LOUP COUNTY, NEBRASKA

Instructions:

- 1. Fill out application form completely. Please print or type. Use additional sheets if needed.
- 2. Pay the filing fees as directed on the filing fee schedule document. Make check payable to the Loup County Treasurer.
- 3. Contact the Loup County Zoning Administrator if you have any questions.
- 4. Submit a list of property owners within 100 feet in incorporated areas, and 1-mile in unincorporated areas. Written notice must be delivered by the applicant via certified mail, and a certified record of addresses mailed such notices must be submitted to the Zoning Administrator at least ten (10) days prior to the public hearing.

1. Applicant's name:	
2. Applicant's address.	
	ZIP:
3. Telephone (business):	(home):
4. Email	
5. Present use of property:	
o. Desired use of property:	
/. I I Cocin Zuning.	
8. Legal description of property:	
9. Under what provisions of the ze	oning regulations are you seeking this permit?
date, or the Special Permit will ex	associated structures to be built within one year of the approval epire opose to do:
11. How are adjoining properties	used? Indicate both zoning district designations and actual uses.
North:	South:
East:	South:
working hours for the purpose of	oning Administrator to enter upon the property during normal becoming familiar with the proposed situation. The ed by members the County Board of Supervisors or the
	Owner's Signature and Date

REQUEST FOR AMENDMENT TO THE ZONING ORDINANCE LOUP COUNTY, NEBRASKA

Applicant:	Date:
	Application No.:
	Phone:
Email:	
	structures), or (change the use of the land or structures)
at the following described premises:	
The following change in the zoning ordina	ance is hereby requested:
☐ Change the zoning of the subject proper	rty from its present classification,,
to the following proposed zoning classific	ation:
☐ Amend the text or district regulations as	s follows:
to permit the following improvement or us	se:
	ne area containing the property for which a zoning change
is sought and including all lots within 300	feet of the property lines of the subject property. The
plat shall show existing and proposed zoni	ng.
See Fee Schedule online at http://www.co.	loup.ne.us/zoning.html
I certify that the above information as sub-	mitted herewith, is, to the best of my knowledge, true and accurate
	Signed
	Applicant Signature and Date

ADMINISTRATIVE LOT SPLIT APPLICATION

Loup County Zoning Administrator POB 187 Taylor NE 68879-0187 (308) 942-6218

Permit No.	Zoning I	District	Date	and the second second
Property C	Owner's Name			
Address			Phone	
Number				
	ription of Property to be Split	CAMPAGE TO		
	ction is lot being removed from: N		SW1/4 SE1/4	
Number of	acres being split off			
1. Is split	3 or less parcels? YES or NO			
2. Does th	ne lot split involve the dedication of	any right-of-way	? YES or NO	
3. Has the	e lot been previously split in accorda	ance with these re	egulations? YES or N	10
4. Will thi	s action result in a tract without dir	ect access to an i	mproved county road?	YES or NO
Applicant's	s Signature		· ·	
	nust accompany this form ative Fee: Must be submitted with	permit		
See Fee Sc	hedule online at http://www.co.lou	ip.ne.us/zoning.ht	tml	
Office Use	Only			
Date	Approved			***************************************
	Disapproved		Zoning Administrator	