

# Conditional Use Zoning Permit Application Dawes County Nebraska

**Applicant Information:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Property Owner Information:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Property Information:**

Legal Description of Property: \_\_\_\_\_ # of Acres: \_\_\_\_\_  
Existing Use of Property: \_\_\_\_\_ Proposed Use of Property: \_\_\_\_\_  
Existing Use of Adjacent Properties: \_\_\_\_\_  
Description of the proposed use and activities involved in the use: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Property in a Floodplain?  Yes  No (If yes, a floodplain application must be completed before any permit can be issued)

Property in the Airport Danger Zone?  Yes  No (If yes, City of Chadron application and approval must be met before a Zoning/Building Permit can be issued)

In addition to the above information, all required information for application of a Conditional Use Permit as outlined in Section 18.02 of the Zoning Regulations as well as those specified in the section pertaining to the specific use shall be attached to this application before being considered. A completed list of the required attachments can be obtained from the Zoning Administrator.

I certify that the information submitted on this form and all attachments is accurate and complete.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Date

Do Not Write Below This Line – For Administrator Use



Permit # \_\_\_\_\_

Date of Zoning Board: \_\_\_\_\_ Date of Commissioner: \_\_\_\_\_

Zoning Board Recommendation:  Approve  Deny Reason: \_\_\_\_\_

Zoning Board Chair Signature: \_\_\_\_\_

Commissioner Decision:  Approve  Deny Reason: \_\_\_\_\_

Commissioner Chair Signature: \_\_\_\_\_

Permit  Approved  Not Approved If No, reason: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Zoning Administrator

\_\_\_\_\_  
Date

Ninety (90) Day Inspection Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_