

# BUILDING-ZONING APPLICATION/PERMIT

Permit Fee: \_\_\_\_\_  
Issue Date: \_\_\_\_\_

City of Tekamah  
PO Box 143  
Tekamah, NE 68061  
402.374.2521

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

Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Address: \_\_\_\_\_

Type of Work:  New  Addition  Remodel  Decks/Roofing  Other

Description of Work (Include site plan on sheet provided or attach drawing of project):

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

Valuation of Project: \$   Digger's Hotline #: \_\_\_\_\_

Zoning District: \_\_\_\_\_ Condition Use:  Yes  No

Floodplain:  Yes  No Variance:  Yes  No

Minimum Setbacks: Front \_\_\_\_\_ Side \_\_\_\_\_ Rear \_\_\_\_\_

Approximate Start Date: \_\_\_\_\_ Approximate Completion Date: \_\_\_\_\_

## NOTICE

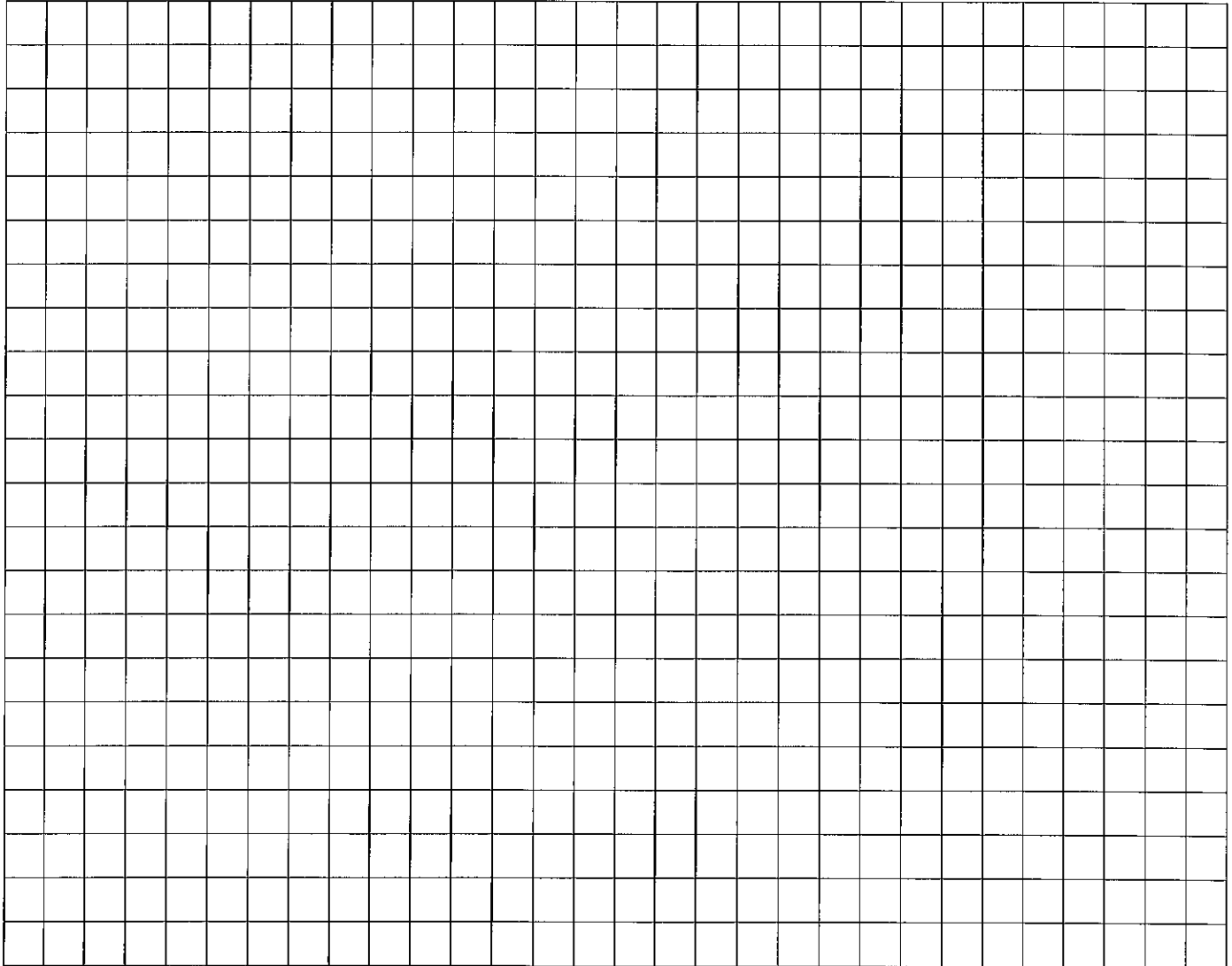
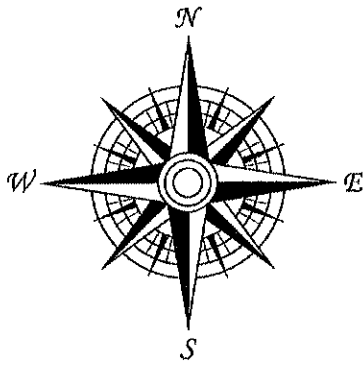
By my signature below, I acknowledge that payment of permit fee does not constitute issuance of building or zoning permit. Work may not begin until I have received a copy of this form properly signed by Building Inspector or designate. I hereby agree to perform the proposed work in accordance with the codes/ordinances of the City of Tekamah and the State of Nebraska. I understand that the permit is void if work is not started within 30 days and completed within 180 days of issue date. Permit applicant may be subject to a fine if these conditions are not met.

\_\_\_\_\_  
Signature of Property Owner/Contractor

**Inspector or designate needs to sign off each required inspection before continuing work.**

Footings: \_\_\_\_\_  
Framing: \_\_\_\_\_  
Drywall: \_\_\_\_\_  
Final: \_\_\_\_\_  
Other: \_\_\_\_\_

Permit Approved By: \_\_\_\_\_ Date: \_\_\_\_\_



**John Manson**  
**Building Inspector/Zoning**  
**Administrator**  
**Office: 402.374.2521**  
**Cell: 402.870.1498**

APPLICATION FOR CONDITIONAL USE PERMIT

TEKAMAH, NE

Date: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Proposed Conditional Use: \_\_\_\_\_

Legal Description of Property: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Lot Size (Sq Ft/Acres): \_\_\_\_\_ Zoning District: \_\_\_\_\_

Will use in all other respects conform to the applicable regulations of the district in which it is located? \_\_\_\_\_

Will use conform to all other applicable regulations and laws of any governmental jurisdiction? \_\_\_\_\_

Will use have adequate water, sewer and drainage facilities? \_\_\_\_\_

Will ingress and egress be so designed as to minimize traffic congestion in the public streets/roads? \_\_\_\_\_

Estimated cost of structure: \$ \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Enclosures:

Site Plan \_\_\_\_\_

Soil Suitability Map \_\_\_\_\_

Easements \_\_\_\_\_

**Application fee is Non-Refundable**

**FOR OFFICE USE ONLY**

---

**PLANNING COMMISSION REVIEW**

Permit #: \_\_\_\_\_ Permit is: \_\_\_\_\_ transferrable \_\_\_\_\_ transferrable upon review/renewal

Date: \_\_\_\_\_

Approved \_\_\_\_\_

Approved with conditions \_\_\_\_\_

Disapproved \_\_\_\_\_

---

Chair, Tekamah Planning Commission

**CITY COUNCIL REVIEW**

Date: \_\_\_\_\_

Approved \_\_\_\_\_

Approved with conditions \_\_\_\_\_

Disapproved \_\_\_\_\_

---

Chair, Tekamah City Council

**ATTEST:** \_\_\_\_\_

Tekamah City Clerk