

APPLICATION FOR CONDITIONAL USE PERMIT

TEKAMAH, NE

Fee: _____

Date: _____

Date Paid: _____

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