

Permit #: _____

APPLICATION FOR A ZONING PERMIT

Merrick County Planning & Zoning

PO Box 27 Central City, NE 68826

402-604-1357 hcam@hamilton.net

A \$50 fee must be submitted with permit.

1. Parcel ID#: _____ Tax District #: _____ Zoning District: _____
2. Structure Description: _____
3. Owner: _____ Job Address: _____
4. Legal Description: _____
5. Estimated Cost: _____ Planned to be Completed by: _____
6. Total Square Footage: _____ #Bedrooms: _____ #Bathrooms: _____
7. # of Stories: _____ Finished Basement Square Foot: _____ Sidewall Height: _____
8. Structure to be used for: _____
9. If not a residence, will it have any of the following? Plumbing Office Cement Floor
Foundation Partial Cement Electricity Steel Beams Wood Beams
10. If Grain Bin: Diameter: _____ # of Rings: _____ # of Bushels: _____
11. If moved in, where is it coming from? _____
(Owner, Address, and/or Legal Description)

In consideration of the issuance of this permit, the applicant hereby certifies that the above statements are true and correct, and hereby agrees to comply with the zoning regulations which are in effect. If in violation of the regulations or through misrepresentation of facts, permit then becomes null and void and the applicant may be subject to penalties established. This permit is valid for 1 year from approval date.

Applicants Name: _____ Phone: _____

Address: _____ Email: _____

Signature: _____ Date: _____

.....
For office use only below this line

This Permit is: Approved: _____ Approved Conditionally: _____ Denied: _____

Comments: _____

Planning & Zoning Administrator Signature

Date

MERRICK COUNTY

PLANNING & ZONING ADMINISTRATOR

**A plot plan drawing must be submitted with the application.
The information shown below must be shown on the drawing
to process the application.**

1. Lot size or tract of land (show the dimensions).
2. Proposed structure and distance from lot lines.
3. Existing buildings and distance from proposed building.
4. North Arrow.
5. Street or Road Names.

