

Parcel # _____
Permit# _____

Tax District: _____
Date: _____

GRAIN BIN AND AG BUILDING APPLICATION FOR ZONING PERMIT

Merrick County Planning and Zoning
PO Box 27
Central City, NE 68826
308-946-3120

PERMIT FEE: \$15.00

Building Removal No Charge

New construction: _____ Machine Shed _____ Ag Storage _____ Livestock _____ Grain Bin ***
Addition to existing building: _____ Machine Shed _____ Ag Storage _____ Livestock _____ Grain Bin
Will the building have: _____ Plumbing _____ Office _____ Cement floor/foundation
_____ Partial cement _____ Dirt/gravel _____ Electric _____ Steel Beams _____ Wood Beams

Job Address: _____

Legal Description: _____

Owner: _____

Estimate Cost: _____ **In the flood plain:** _____ Yes _____ No

Contractor: _____ **Electrician:** _____

Certified Sewer Installer: _____ **Estimate Time of Completion:** _____

Structure dimensions: Length _____ Width _____ Height _____

****Grain Bin:** Diameter _____ Height of Eave _____

of Rings _____ Bushels

Type of Ventilation: _____

If being moved in, where is it coming from (name & legal): _____

Location, ownership, and details must be correct, complete and legible. Separate application required for each building. On the back side of this form make a drawing showing the lot and dimensions, existing buildings and dimensions, and proposed building and dimensions and setbacks from property lines.

In consideration of this 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 and other regulations which are in effect. If in violation of regulations or through misrepresentation of facts, this building permit then becomes null and void and application may be subject to the penalties outlined in Nebraska Revised Statutes §23.114.05.

This permit is valid for one (1) year from date of approval.

**KEEP PERMIT
ON PREMISES**

APPLICANT: _____
ADDRESS/CITY/ZIP: _____
PHONE: _____
SIGNATURE: _____

.....
For Office Use Only:

This permit is: Approved: _____ Approved Conditionally: _____ Denied _____

Comments/Conditions: _____

Flood plain conditions: _____

Planning & Administrator

Flood Plain Administrator

Date

Date

Paid _____ Check No. _____
Receipt No. _____