

GRAIN BIN & AG BUILDING Zoning Permit Application

Permit I	No. GBA-	
Receive	ed:	
Zoning	Classification:	
Value: 9	5	

Planning and Zoning D	ept. Madison Co	ounty	County			ification:
Applicant Information		,	,			
	<u>.</u>	Fr	mail·			
				1 110110.		
Primary Contractor In	formation:					
Name:		Er	nail:			
Address:				Phone:		
Legal Description of Prop	erty:	Se	ection:	_ Township:	Range:	_ Acres:
-	provements be Assessed? _					
	_					
Setbacks - Distance	Structure will be From:					
Edge of Public Right o	f Way OR 🔲 Center of R	oad: Rea	r Property L	ine:	Side Propert	y Line:
2 nd Side Property Line:	Approximate [Distance to the Nearest Ar	ıimal Feedin	ng Operation:		
Approximate distance to r	nearest structure:					
Construction Informa	tion – Ag Buildings:					
Type of Construction – Se	elect One: 🗆 New Construc	ction	ing Building	☐ Other:		
Structure Use - Select O	ne: Ag Storage Building	☐ Livestock Building	□ Concrete	Bunker 🖵 Oth	ier:	
Please Select all Feature	s that will Apply to this Struc	ture:				
☐ Plumbing	☐ Electricity	Insulation		☐ Natural Gas/Pr	opane	
☐ Cement Floor	☐ Partial Cement Floor	☐ Dirt or Gravel Fl	oor			
☐ Office	☐ Living Space – with	Bedrooms		Living Space -	NO Bedrooms	
Dimensions of Structure:	x Hei	ght of Structure:	_ Pitch o	f Roof:	Value of Struc	cture: \$
Date Construction will Sta	art: Fin	ish:				
Construction Informa	tion – Grain Bins & Elev	rator Legs:				
Value of Structure: \$	Dat	e Construction will Start:		Finish: _		_
Grain Bin Information						
	Diameter:					
Type of Ventilation:		Fans (Aeration/Drying): _		HP 🗆 Centrifug	jal (Squirrel Cage	e) Axial (Vane Fan)
Please Select all Feature	es that will Apply to this Struc	cture:				
☐ Concrete Under Bin	☐ Grain Spreader	☐ Stirator ☐ F	Power Swee	p 🖵 Roof	Vent 🔲 \	/ertical (Truck) Auger
Overhead Bin & Supers	structure Information					
_	Size in Bushels:	Superstructur	e:	Width	Length	Height to Bin
,, of billo	CIZO III DUONOIO.			Demonstrati S		
Elevator Legs						

□ New

□ Used

☐ Age if Used: _____

Spouting Size: _____ Spouting Lengths: _

Discharge Height: _____ Carrying Capacity (Bushels/Hour): __

1112 BONITA DRIVE • NORFOLK, NE 68701 PHONE: 402-370-3577 • FAX: 402-370-3581

Brand Name: ____

Please draw below or attach a separate page of the site plan of the prostructures and the proposed structure clearly labeled showing the exact and rear setbacks, driveways, easements and flood hazard data (if application shall be cause to refer the application back to the applicant	ct sizes along with front, side, plicable). <i>Lack of relevant</i>	Permit NoGBA- Received: Zoning Classification: Value: \$
Application Agreement		
The information contained within is, to the best of my knowledge, true misrepresentation of fact shall constitute sufficient grounds for the reveapplied for herein. I also state that the purpose of the majority of this also acknowledge no business except personal and farm business wifurther acknowledge that this building will not be a primary residence. Planning Department to schedule an inspection prior to use of this stru	ocation or such permit even after issuan structure's floor space is for agricultural till be conducted in this building without of understand that I am responsible for	ce and/or construction of the structur use unless noted on this application. obtaining further necessary permits.
I have read the Application Agreement and agree to the terms in will building location, or building footprint without notifying the Zoning Adrordered removed or be subject to any late fees or being charged by the	ministrator could result to having any iss	sued permit repealed and the buildin
Applicant Signature:	Date:	

PLEASE NOTE: This application is not acceptable unless all required information is furnished, applicable fees paid, and the application is signed. This permit is valid for one (1) year from the approval date.

	Fee Calculations		
Grain Bins, Legs, & Bunker Silos	Sheds, Barns, & Other Ag Structures		
Building Footprint:sq. ft.	Building Footprint: sq. ft.		
	Area of Structure used for Ag Use:sq. ft.		
Total Fee Due: \$50.00	Total Fee Due: \$50.00		
	Area of Structure used for Living Space:sq. ft.		
	sq. ft. x \$0.20 =		
	+ Inspection Fee \$50.00		
	Total Fee Due:		
Please make checks paya	ble to Madison or Pierce County Treasurer		

For Office Use Only to be Completed by the Planning & Zoning Office

Permit NoGBA- Received: Zoning Classification: Value: \$
unty. Nebraska, prepared by the Nebraska
ederal Emergency Management Agency?
oth of the above questions is yes. YesNo

Flood Plain Management:		
Is this structure located within the floodway as determined by the <i>Flood Insurance Study: Ma</i> Natural Resources Commission, February 2005?	adison County, Nebraska, prepared by the Nel	braska
YesNo		
Is this structure located within a 100-year flood plain as determined by the official maps provided	d by the Federal Emergency Management Ager	ncy?
YesNo		
***Additional data may be needed from the applicant to process this application if the answer to	either or both of the above questions is yes.	
Zoning Regulations:		
Does this structure meet the required setbacks and separation distances?	Yes	No
Is the proposed structure in the Airport Hazard Zone?	Yes	No
Is the proposed use of this structure permitted in this zoning district?	Yes	No
Is a conditional use permit required for this use?	Yes	No
Has a conditional use permit been issued for this use?	Yes	No
If so, when does it expire?		
Does this proposed structure require the addition or modification of a septic system, lagoon or w	vell?Yes	No
Have all required permit fees been paid?	Yes	No
Amount Paid: \$ Receipt Number:		
☐ Approved ☐ Denied		
Signed: Date:		
Reasons for Denial:		

^{***}Denials may be appealed to the Madison or Pierce County Board of Adjustment within 15 days of the date of this decision.

CERTIFICATE OF ZONING COMPLIANCE

THIS PORTION IS TO BE FILLED OUT COMPLETELY BY THE APPLICANT (or may be filled out by the Zoning Administrator and signed by the Applicant). The Zoning Administrator, who may be accompanied by others, is hereby authorized to enter upon the property during normal working hours for the purpose of inspection.

Name of Address:	Applicant:	Phone No:	
	Jse of Property:		
	Use of Property:		
	E Legal Description of	Property:	
provisions application Signature (this application and known of law and other regulate the have been complied with the Property Owner d	in, whether or not specified in the enotes that all applicable buildin atractor or property owner for t	et. I further certify that all
	of Applicant		Date of Application
THE FOLI	LOWING SECTION WI	LL BE FILLED OUT BY ZON	ING ADMINISTRATOR
Zoning Dist	rict of Listed Property: ucture and use comply with the second of the se	ficate mailed to applicant on	Disapproved
Zoning Adm	inistrator	Date:	

MADISON COUNTY JOINT PLANNING DEPARTMENT Phone (402) 370-3577 Fax (402) 370-3581 1112 Bonita Dr. Norfolk, NE 68701 PIERCE COUNTY PLANNING DEPARTMENT Phone (402) 329-4600 111 West Court Room 6 Pierce, NE 68767