



# GRAIN BIN & AG BUILDING Zoning Permit Application

Madison County     Pierce County

Permit No. GBA-  
Received: \_\_\_\_\_  
Zoning Classification: \_\_\_\_\_  
Value: \$ \_\_\_\_\_

### Applicant Information:

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### Primary Contractor Information:

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Legal Description of Property: \_\_\_\_\_ Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_ Acres: \_\_\_\_\_  
To Whom Should the Improvements be Assessed? \_\_\_\_\_

### Setbacks – Distance Structure will be From:

Edge of Public Right of Way OR  Center of Road: \_\_\_\_\_ Rear Property Line: \_\_\_\_\_ Side Property Line: \_\_\_\_\_  
2<sup>nd</sup> Side Property Line: \_\_\_\_\_ Approximate Distance to the Nearest Animal Feeding Operation: \_\_\_\_\_  
Approximate distance to nearest structure: \_\_\_\_\_

### Construction Information – Ag Buildings:

Type of Construction – *Select One*:  New Construction     Addition to Existing Building     Other: \_\_\_\_\_  
Structure Use – *Select One*:  Ag Storage Building     Livestock Building     Concrete Bunker     Other: \_\_\_\_\_  
Please Select all Features that will Apply to this Structure:

- Plumbing                       Electricity                       Insulation                       Natural Gas/Propane
- Cement Floor                       Partial Cement Floor                       Dirt or Gravel Floor
- Office                               Living Space – with Bedrooms                       Living Space – NO Bedrooms

Dimensions of Structure: \_\_\_\_\_ x \_\_\_\_\_    Height of Structure: \_\_\_\_\_    Pitch of Roof: \_\_\_\_\_    Value of Structure: \$ \_\_\_\_\_  
Date Construction will Start: \_\_\_\_\_    Finish: \_\_\_\_\_

### Construction Information – Grain Bins & Elevator Legs:

Value of Structure: \$ \_\_\_\_\_    Date Construction will Start: \_\_\_\_\_    Finish: \_\_\_\_\_

#### **Grain Bin Information**

Brand Name: \_\_\_\_\_    Diameter: \_\_\_\_\_    Height to Eave: \_\_\_\_\_    # of Rings: \_\_\_\_\_    Bushels: \_\_\_\_\_  
Type of Ventilation: \_\_\_\_\_    Fans (Aeration/Drying): \_\_\_\_\_ HP     Centrifugal (Squirrel Cage)     Axial (Vane Fan)  
Please Select all Features that will Apply to this Structure:  
 Concrete Under Bin     Grain Spreader     Stirator     Power Sweep     Roof Vent     Vertical (Truck) Auger

#### **Overhead Bin & Superstructure Information**

# of Bins: \_\_\_\_\_    Size in Bushels: \_\_\_\_\_    Superstructure: \_\_\_\_\_    Width \_\_\_\_\_    Length \_\_\_\_\_    Height to Bin \_\_\_\_\_

#### **Elevator Legs**

Brand Name: \_\_\_\_\_     New     Used     Age if Used: \_\_\_\_\_  
Discharge Height: \_\_\_\_\_    Carrying Capacity (Bushels/Hour): \_\_\_\_\_    Spouting Size: \_\_\_\_\_    Spouting Lengths: \_\_\_\_\_

Please draw below or attach a separate page of the site plan of the property including current structures and the proposed structure clearly labeled showing the exact sizes along with front, side, and rear setbacks, driveways, easements and flood hazard data (if applicable). **Lack of relevant detail shall be cause to refer the application back to the applicant.**

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**Application Agreement**

The information contained within is, to the best of my knowledge, true and accurate. It is understood and agreed that any error, misstatement, or misrepresentation of fact shall constitute sufficient grounds for the revocation or such permit even after issuance and/or construction of the structure applied for herein. I also state that the purpose of the majority of this structure's floor space is for agricultural use unless noted on this application. I also acknowledge no business except personal and farm business will be conducted in this building without obtaining further necessary permits. I further acknowledge that this building will not be a primary residence. I understand that I am responsible for contacting the Madison/Pierce County Planning Department to schedule an inspection prior to use of this structure. By signing this application, the undersigned agrees to allow the county assessor on this property for the purposes of conducting an inspection pursuant to Neb. Rev. Stat. § 77-1311.03."

I have read the Application Agreement and agree to the terms in which this permit is issued. I am also aware that changing the intended use, building location, or building footprint without notifying the Zoning Administrator could result to having any issued permit repealed and the building ordered removed or be subject to any late fees or being charged by the County Attorney as a Class III Misdemeanor.

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.
Total Fee Due: \$50.00	Area of Structure used for Ag Use: _____ sq. ft. 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: _____
<b>Please make checks payable to Madison or Pierce County Treasurer</b>	

# **For Office Use Only**

*to be Completed by the Planning & Zoning Office*

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## **Flood Plain Management:**

Is this structure located within the floodway as determined by the Flood Insurance Study: Madison County, Nebraska, prepared by the Nebraska Natural Resources Commission, February 2005?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

Is this structure located within a 100-year flood plain as determined by the official maps provided by the Federal Emergency Management Agency?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

*\*\*\*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 well? \_\_\_\_\_ 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 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 Applicant: \_\_\_\_\_ Phone No: \_\_\_\_\_  
Address: \_\_\_\_\_  
Present Use of Property: \_\_\_\_\_  
Proposed Use of Property: \_\_\_\_\_  
Complete Legal Description of Property: \_\_\_\_\_

I hereby certify that I have the legal authority to file this application, that I have completed and examined this application and know the same to be true and correct. I further certify that all provisions of law and other regulations governing the type of construction and use proposed in this application have been complied with, whether or not specified in this application.

Signature of the Property Owner denotes that all applicable building codes have been followed and are the sole responsibility of the contractor or property owner for the construction of the structure that such Certificate of occupancy is granted

\_\_\_\_\_  
Signature of Applicant \_\_\_\_\_  
Date of Application

### THE FOLLOWING SECTION WILL BE FILLED OUT BY ZONING ADMINISTRATOR

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#### CERTIFICATE OF OCCUPANCY APPLICATION NO. \_\_\_\_\_

Zoning District of Listed Property: \_\_\_\_\_

Does the structure and use comply with Zoning District? YES, or \_\_\_\_\_ NO

Certificate is: Approved \_\_\_\_\_ Approved Conditionally \_\_\_\_\_ Disapproved \_\_\_\_\_

1. Inspector's comments: \_\_\_\_\_
2. \_\_\_\_\_
3. Certificate of Zoning Compliance issued on \_\_\_\_\_
4. Copy of approved Certificate mailed to applicant on \_\_\_\_\_
4. If denied, reasons for denial: \_\_\_\_\_

\_\_\_\_\_  
Zoning Administrator Date: \_\_\_\_\_