



# NON-AGRICULTURE Zoning Permit Application

Madison County       Pierce County

Permit No. \_\_\_\_\_  
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? \_\_\_\_\_

### Construction Information:

Construction Use – *Select One:*    Residential     Accessory     Commercial     Industrial  
Type of Construction – *Select One:*    New Construction     Addition to Existing Building     Deck     Other: \_\_\_\_\_  
Describe Structure Use: \_\_\_\_\_  
Dimensions of Structure: \_\_\_\_\_ x \_\_\_\_\_    Height of Structure: \_\_\_\_\_    Pitch of Roof: \_\_\_\_\_    Value of Structure: \$ \_\_\_\_\_  
Date Construction will Start: \_\_\_\_\_    Finish: \_\_\_\_\_

### 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: \_\_\_\_\_

### Complete this Section for all New Residences, Industrial and Commercial Construction:

Yes     No    Is this residence being constructed on less than 40 acres?    *If "Yes", please answer the following:*  
Date property was platted as a separate parcel: \_\_\_\_\_  
Name of the lot split or subdivision: \_\_\_\_\_  
Has a Conditional Use Permit been granted for this proposed use?     Yes     No  
 Yes     No    Is there a home existing now on the property?    *If "Yes", please answer the following:*  
Will this residence replace the current residence on the same parcel?     Yes     No  
If yes, will the old residence be removed?     Yes     No  
Will the current residence be used as a secondary farm residence?     Yes     No  
Are the existing services available?     well     community water     septic     community sewer  
 Yes     No    Will this structure contain a business or home occupation?    *If "Yes", please answer the following:*  
Type of business to be conducted: \_\_\_\_\_  
Has a Conditional Use Permit been granted for this proposed use?     Yes     No  
Conditional Use Permit issued to: \_\_\_\_\_    Date: \_\_\_\_\_  
 Yes     No    Does this structure need a 911 address?

Please draw below a site plan of the property including current structures and the proposed structure clearly labeled. The drawing must show the actual dimensions and shape of the lot, exact sizes of the proposed construction, and front, side, and rear setback measurements. If constructing a new residence, please include plans of the main floor as an attachment to this application. **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. Any alteration or change in plans either with or without intention on the applicant's part, made without the approval of the Zoning Administrator shall also constitute sufficient grounds for the revocation of such permit even after issuance and/or construction of the structure applied for herein.

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 is valid for one (1) year from the approval date.**

**MADISON COUNTY JOINT PLANNING DEPARTMENT**  
 1112 BONITA DRIVE • NORFOLK, NE 68701  
 PHONE: 402-370-3577 • FAX: 402-370-3588

Fee Calculations	
Residential, Commercial & Industrial Construction	Accessory Construction
Building Footprint (including garage): _____ sq. ft.	Building Footprint : _____ sq. ft.
If less than 650 sq. feet: Total Fee Due: \$50.00	If less than 650 sq. feet: Total Fee Due: \$50.00
If 650 sq. feet or greater: _____ sq. ft. x \$0.20 = _____ + Inspection Fee \$50.00 Total Fee Due: _____	If 650 sq. feet or greater: _____ sq. ft. x \$0.02 = _____ + Inspection Fee \$50.00 Total Fee Due: _____
<b>Please make checks payable to Madison or Pierce County Treasurer</b>	

## 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. Certificate of Zoning Compliance issued on \_\_\_\_\_
3. Copy of approved Certificate mailed to applicant on \_\_\_\_\_
4. If denied, reasons for denial: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Zoning Administrator

Date: \_\_\_\_\_

# **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 the Madison or Pierce County Board of Adjustment within 15 days of the date of this decision.**