

PLANNING & ZONING APPLICATION

CITY OF YUTAN

112 Vine Street, PO Box 215 Yutan, NE 60873

402-625-2112

Date: _____		
Application Type		
<input type="checkbox"/> Preliminary Plat* <input type="checkbox"/> Revised Preliminary Plat <input type="checkbox"/> Final Plat <input type="checkbox"/> Replat* <input type="checkbox"/> Administrative Plat <input type="checkbox"/> Vacation of Plat	<input type="checkbox"/> Site Plan Review <input type="checkbox"/> Rezoning <input type="checkbox"/> Conditional Use Permit <input type="checkbox"/> Comprehensive Plan Amendment <input type="checkbox"/> Zoning Ordinance/Subdivision Regulations Amendment	<input type="checkbox"/> Tower Development Permit <input type="checkbox"/> Other: _____ <small>*A pre-application meeting is required.</small>

A. General Information

1. **APPLICANT**

Name: _____ Contact: _____
 Address: _____ City: _____ State: ____ Zip: _____
 Phone: _____ Fax: _____ Email address: _____

2. **PROPERTY OWNER (If not the same as applicant above):**

Name: _____ Contact: _____
 Address: _____ City: _____ State: ____ Zip: _____
 Phone: _____ Fax: _____ Email address: _____

3. **ENGINEER/SURVEYOR OR ARCHITECT:**

Name: _____ Contact: _____
 Address: _____ City: _____ State: ____ Zip: _____
 Phone: _____ Fax: _____ Email address: _____

4. **PRIMARY PROJECT CONTACT (applicant, representative, or other):**

Name: _____ Contact: _____
 Address: _____ City: _____ State: ____ Zip: _____
 Phone: _____ Fax: _____ Email address: _____

- If more than one property owner or developer is involved, please attach additional names and addresses to this application.
- The contact person will receive all staff correspondence.

5. Certification:

An application may be filed only by the owner(s) of the property, a person with the power of attorney from the owner authorizing the application, or by the attorney-at-law representing the owner. Indicate your authority.

_____ I (We) (am) (are) the sole owner(s) of the property.

_____ I have the power of attorney from, or am the attorney at law of, the property owner(s) authorizing the application and a copy of the authorization is attached.

Signature	Print Name	Address
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NOTE: ALL APPLICATIONS MUST HAVE THE SIGNATURE(S) OF THE CURRENT PROPERTY OWNER OR THE PERSON WITH THE PROPER POWER OF ATTORNEY NOTRAIZED BY A CERTIFIED NOTARY PUBLIC.

6. Affiliated Application:

An applicant may wish to increase the property considered under this application to include surrounding owner(s). By signing below, an adjoining property owner can state their intent to be party to this application

(attach additional sheet if necessary). A legal description must also be attached for each property owner.

Signature	Print Name	Address
Signature	Print Name	Address

B. Project Information:

1. Description of proposed project, use, exemption, or variance:

2. Subdivision Name:

3. Project Location: _____ 1/4 _____ 1/4 Section _____, T _____, R _____, Saunders County, Nebraska

General Location: _____

4. Project/Property Address (if available):

5. Area: _____ (acres)

6. Future Land Use Designation (Comprehensive Plan):

7. Proposed Land Use Designation (if applicable):

8. Present Use of the Land: _____

9. If application is for a preliminary plat, answer the following questions and include the following attachments:
- a. Is this development within 1,320 feet of a sanitary sewer? ___Yes ___No
 - b. Is this development within 1,320 feet of a water main? ___Yes ___No
 - c. Private Restrictions or Covenants affecting Subdivision (25 copies) and supplementary material required by 3.02.03
 - d. Draft Copies (3) of proposed Subdivision Agreement
 - e. Draft Erosion Control Plan (3), if applicable.
 - f. Waivers being requested pursuant to 3.03.19. In the event a waiver is requested, explain how the conditions set forth in 8.01 are met:

 - g. Traffic impact analysis if required by City Engineer
 - h. Preliminary plans (4) of:
 1. Sanitary Sewer Plan
 2. Drainage Study
 3. Street profile plan with statement of proposed street improvements
10. If commercial/industrial/office or multi-family residential:
- a. Number & Type of units/buildings: _____
 - b. Total building coverage (footprint): _____ square feet.
 - c. Total Open Space: _____ square feet.
 - d. Total building floor area: _____ gross square feet.
 - e. Total number of parking spaces: Provided ___ Covered ___ Uncovered ___
 - f. Total number of persons employed or intended to be regularly employed on the site during the maximum working shift _____.
11. Building Height: _____ feet _____ stories.
12. If single family residential:
- g. Number of units/lots: _____
 - h. Minimum lot frontage as measured at building setback line: _____
 - i. Minimum lot size: _____ square feet
 - j. Average lot size: _____ square feet
13. **Attach Legal Description of Property and Surveyor's Certificate.**
14. **Attach a list of Property Owners located with 300 feet of the proposed project. It must be prepared by a title company and include four (4) sets of mailing label copies.**
15. **Attach a site plan and/or other documents that illustrate this request as per appropriate regulation within the Zoning Ordinance or Subdivision Regulations. Contact the City Administrator for clarification of submittal requirements.**
16. **Electronic copies of all required submittal documents in PDF or Word format.**
17. **Include appropriate application fee(s) as listed in Resolution 2010-3.**

A total of twenty-five (25) copies of each site plan/plat are required with the submittal for a preliminary plat or replat.

See the appropriate city regulation for plan/plat size requirements.

Please fold these plans so they fit with the other pages.

Please note that your application will not be accepted or there may be a delay in processing by the City of Yutan if any of the required information or materials are missing or improperly presented. To avoid unnecessary delays in processing, please remember to submit the appropriate submittal requirements, i.e., signed application, fees, exhibits and/or site plans, special studies if applicable and signed checklist. If you have any questions regarding this application or required materials, please contact the City Administrator at (402) 625-2112 between 8:00 a.m. and 4:30 p.m., Monday through Friday.

OFFICE USE ONLY

Project Case Number _____ Planning Commission _____
Published _____
Action: _____

Date Complete Application Received _____ City Council _____
Published: _____
Action: _____

Check Number/Amount _____ Posted on Property: _____
Notice to School District: _____

Other Comment(s):

