

**VILLAGE OF ELMWOOD, NEBRASKA
PLANNING & ZONING APPLICATION FORM**

Check Application(s) Submitted:

- | | | |
|---|---|---|
| <input type="checkbox"/> Comprehensive Plan Amendment | <input type="checkbox"/> Administrative Plat | <input type="checkbox"/> Preliminary P.U.D. |
| <input type="checkbox"/> Rezoning | <input type="checkbox"/> Preliminary Plat* | <input type="checkbox"/> Final P.U.D. |
| <input type="checkbox"/> Zoning/Subdivision Amendment | <input type="checkbox"/> Revised Preliminary Plat | <input type="checkbox"/> Home Occupation Permit |
| <input type="checkbox"/> Conditional Use Permit | <input type="checkbox"/> Final Plat | <input type="checkbox"/> Site Plan Review |
| <input type="checkbox"/> Conditional Use Permit Amendment | <input type="checkbox"/> Replat or small Tract Sub. | <input type="checkbox"/> Use Permit |
| <input type="checkbox"/> Tower Development Permit | <input type="checkbox"/> Vacation of Plat | |

* A pre-application meeting is required prior to submittal.

Please note that your application will not be accepted or there may be a delay in processing if any of the required information or materials are missing or improperly presented. In order to ensure that a complete application is provided and 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 Zoning Administrator at (402)994-6705.

A. GENERAL INFORMATION

1. Applicant:

Name: _____ Contact: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email: _____

2. Property Owner: (if not applicant)

Name: _____ Contact: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email: _____

3. Engineer/Surveyor or Architect

Name: _____ Contact: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email: _____

4. Primary Project Contact: (Applicant, Representative, or Other)

Name: _____ Contact: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email: _____

- 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 or by the leasee/renter(s) of the property, or by the 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 owners(s) of the property.

_____ I (We) am (are) the leasee/renter(s) of the property.

_____ I have the power of attorney from the owner authorizing the application and a copy of the authorization is attached.

_____ I am the attorney-at-law representing the owner(s) and a copy of the authorization is attached.

Signature	Name (Print)	Address	Date

Signature	Name (Print)	Address	Date

NOTE: ALL APPLICATIONS MUST HAVE THE CURRENT PROPERTY OWNER'S SIGNATURE(S), OR THE PERSON WITH THE PROPER POWER OF ATTORNEY SIGNATURE AND A LETTER INDICATING SUCH, NOTARIZED BY A CERTIFIED NOTARY PUBLIC (ATTACH IF NECESSARY)

6. Affiliated Application:

An applicant may wish to increase the property considered under this application to include surrounding owners. 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	Name (Print)	Address	Date

Signature	Name (Print)	Address	Date

B. PROJECT INFORMATION:

1. Subdivision Name: _____
2. Project Location: _____
General Location: _____
3. Project/Property Address (if known): _____
4. Area: _____ (acres)
5. Future Land Use Designation (Comprehensive Plan): _____
6. Proposed Land Use Designation: (if applicable): _____
7. Existing Zoning Designation: (attach additional sheet if necessary)

Zoning	Acres	Lots	Units	Density
Total				

8. Proposed Zoning Designation (attach additional sheet if necessary)

Zoning	Acres	Lots	Units	Density
Total				

9. Present Use of the Land: _____

10. Proposed Request: _____

11. 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 paved impervious area: _____ square feet.
 - e. Total building floor area: _____ square feet.
 - f. Total number of parking spaces: Provided _____ Covered _____ Uncovered _____
 - g. Total number of persons employed or intended to be regularly employed on the site during the maximum working shift _____.

12. Building Height: _____ feet _____ stories.

13. If single family residential.
 - a. Number of units/lots: _____
 - b. Minimum lot frontage as measured at building setback line: _____
 - c. Minimum lot size: _____ square feet.
 - d. Average lot size: _____ square feet.
14. Attach Legal Description of Property and Surveyor's Certificate.
15. Attach list of Property Owners located within 300 feet of proposed project. (Must be prepared by a title company and in label-ready format).
16. Attach site plan and/or other documents that illustrate this request.
17. Include appropriate application fee.
18. For public hearing presentation, overhead transparencies or other approved form of projected illustrations identical to any display boards being used are required.

Enclosed: Site Plan _____ Easements _____

FOR OFFICE USE ONLY

Permit No: _____ Permit is: _____ Transferrable or _____ Transferrable Upon Review/Renewal

Renewal Date Required by: _____

Conditions of extended validity period: _____

Application Fee Received: _____ (Application Fee is Non-Refundable)

Planning Commission:

_____ Recommended

_____ Recommended with Added Conditions (See Attached)

_____ Not Recommended: Reason: _____

Chairperson/Designee, Elmwood Planning Commission

Date

Village Board:

_____ Approved

_____ Approved with Added Conditions (See Attached)

_____ Disapproved

Chairperson, Village Board of Trustees

Date

ATTEST:

Dated this _____ day of _____, 20_____

Village Clerk

Other Comment(s): _____

UTILITIES & IMPROVEMENTS							
(Must be Submitted when Public Improvements are Proposed and/or Required)							
				FINANCING %			
	Existing	Proposed		Private	S.I.D.		
		Quantity	Cost		Special	G.O.	Reimbursables
Sanitary Sewer							
Storm Sewer							
Paving							
Major							
Collector							
Minor							
Sidewalks							
Parks & Open Space							
Recreation Facilities							
Water							
Gas							
Electricity							
Other							
Totals							

Electricity: Above Ground _____ Below Ground _____

Anticipated Total Taxable Valuation: Land _____ Improvements _____

Covenants: _____ Files: _____ Debt Ratio: _____

**Attach Itemized Estimate