



SARPY COUNTY PLANNING & BUILDING DEPT.

1210 GOLDEN GATE DRIVE, #1240
PAPILLION, NE 68046
PHONE: 402-593-1555 FAX: 402-593-1558
E-MAIL: PLANNING@SARPY.COM

ADMINISTRATIVE SPECIAL USE PERMIT APPLICATION FOR WIRELESS TOWERS

In order for your application to be considered **COMPLETE**, please answer all applicable questions and provide the following:

1. Complete Special Use Permit Application
2. Non-Refundable Fee of **\$1,000.00** made payable to Sarpy County
3. Escrow Fee of **\$8,500.00** made payable to Sarpy County
4. Information deemed necessary by Sarpy County or its consultant (currently Center for Municipal Solutions)
5. **Please review Section 36 of the Sarpy County Zoning Regulations for complete information on Wireless Tower Regulations, processes and submittal requirements.**

PLANNING STAFF USE ONLY:

APPLICATION #: _____

DATE RECEIVED: _____

CP DESIGNATION: _____

CURRENT ZONING DESIGNATION: _____

APPLICATION FEE: \$ **1,000.00** RECEIPT NO. _____

ESCROW PAID: \$ **8,500.00** YES NO

RECEIVED BY: _____

APPROVED DENIED DATE: _____

AUTHORIZED SIGNATURE: _____

APPLICANT INFORMATION:

NAME: _____ E-MAIL: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

MAILING ADDRESS: _____ CITY/STATE/ZIP: _____
(IF DIFFERENT)

PHONE: _____ FAX: _____

PROPERTY OWNER INFORMATION: (If multiple owners, please attach separate sheet)

NAME: _____ E-MAIL: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

MAILING ADDRESS: _____ CITY/STATE/ZIP: _____
(IF DIFFERENT)

PHONE: _____ FAX: _____

ENGINEERING/SURVEYING OR OTHER CONSULTING PROFESSIONAL'S INFORMATION:

NAME: _____ E-MAIL: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

MAILING ADDRESS: _____ CITY/STATE/ZIP: _____
(IF DIFFERENT)

PHONE: _____ FAX: _____

PROJECT DESCRIPTION: Describe the project in detail, including physical features of the site, proposed improvements, proposed uses or business, operating hours, number of employees, anticipated customers, etc. – Attach additional sheets if necessary.
PLEASE NOTE: A detailed project description is essential to the reviewing process of this request.

PROJECT SITE INFORMATION: Complete each section in its entirety. If a question is not applicable to your project, please indicate this to show that each question has been carefully considered.

SUBDIVISION NAME (if applicable): _____

ASSESSOR'S PARCEL NUMBER: _____ **ADDITIONAL PARCEL NUMBERS** _____

GENERAL LOCATION: _____
(example 189th & Giles Rd)

LEGAL DESCRIPTION: (Describe property to wit:) _____

SIZE OF PROPERTY: _____ *acres* **CURRENT ZONING:** _____ **REQUESTED ZONING (if applicable):** _____

ADDITIONAL INFORMATION: Please use this space to provide any other information you feel is appropriate for Sarpy County to consider during review of your application. Attach extra sheets if necessary.

PLEASE NOTE THE FOLLOWING PROCEDURES:

1. The Planning Department will review the application material along with other appropriate departments, agencies and/or consultants to confirm its compliance with Section 36 of the Sarpy County Zoning Regulations regarding Wireless Towers.
2. Any necessary agreements/drawings that are to be recorded with the Sarpy County Register of Deeds shall be the sole responsibility and cost of the applicant or the property owner.

The applicant (or authorized agent) has prepared this application and certifies that the facts stated herein and exhibits attached hereto are true and correct.

Applicant Signature

Date

I, the undersigned, understand the Administrative Special Use Permit process for Wireless Towers as stated above and I authorize Sarpy County staff to enter the property for inspection related to the specific request during this process.

Owner Signature (or authorized agent)

Date

Owner Signature (or authorized agent)

Date