



# 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](mailto:PLANNING@SARPY.COM)

## CHANGE OF ZONING APPLICATION

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

1. Completed Change of Zoning Application
2. Non-Refundable Fee of \$\_\_\_\_\_ made payable to Sarpy County (an additional fee of **\$25.00** is also be required to cover cost of mailing of public notifications)
3. Mailing list labels certified by a Title Company of all property owners within 300 ft. of the subject property.
4. Copy of Deed on file with Register of Deeds or other acceptable proof of ownership
5. Two (2) site plan drawings (folded)
6. One (1) reduced size site plan drawing (8.5 x 11)
7. One (1) electronic copy of site plan drawing in PDF form
8. Site plan drawing should include the following (as applicable)
  - a. Legal description with site layout (1"=20')
  - b. Metes and bounds description with lot size
  - c. Floodplain/floodway boundaries
  - d. Existing easements
  - e. General location map (2 mile radius)
  - f. Elevations or other supporting materials
9. Detailed operational plans
10. **Please review Section 43 of the Sarpy County Zoning Regulations for a complete list of change of zoning process and submittal requirements.**

### PLANNING STAFF USE ONLY:

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

DATE RECEIVED: \_\_\_\_\_

CP DESIGNATION: \_\_\_\_\_

CURRENT ZONING DESIGNATION: \_\_\_\_\_

PROPOSED ZONING DESIGNATION: \_\_\_\_\_

APPLICATION FEE: \$\_\_\_\_\_ RECEIPT NO. \_\_\_\_\_

PUBLIC NOTIFICATION  
PROCESSING FEE: **\$25.00** RECEIPT NO. \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_

NOTES: \_\_\_\_\_  
\_\_\_\_\_

**APPLICATION FILING FEES – see Sarpy County Master Fee Schedule for the Planning and Building Department**

**APPLICANT INFORMATION:** CHECK BOX IF TEXT AMENDMENT APPLICATION

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.

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**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:** \_\_\_\_\_

**GENERAL LOCATION:** \_\_\_\_\_

(example 189<sup>th</sup> & Giles Rd)

**ASSESSOR'S PARCEL NUMBER:** \_\_\_\_\_ **ADDITIONAL PARCEL NUMBERS** \_\_\_\_\_

**LEGAL DESCRIPTION:** (Describe property to wit:) \_\_\_\_\_

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**SIZE OF PROPERTY:** \_\_\_\_\_ *acres* **CURRENT ZONING:** \_\_\_\_\_ **REQUESTED ZONING:** \_\_\_\_\_

**SOURCE OF UTILITY SERVICES:** Water - \_\_\_\_\_ Sewer - \_\_\_\_\_

Gas - \_\_\_\_\_ Electric - \_\_\_\_\_

**PLEASE NOTE THE FOLLOWING PROCEDURES:**

1. The Planning Department will review the application material along with other appropriate departments and/or agencies and provide a recommendation report to the Planning Commission and County Board.
2. The Planning Commission will hold a public hearing and make a recommendation to the County Board.
3. The County Board will hold a public hearing and make a final decision on the Change of Zoning application.
4. Any necessary agreements will be recorded with the Sarpy County Register of Deeds, the cost of which will be borne by 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/Property Owner Signature

\_\_\_\_\_  
Date

*I, the undersigned, understand a sign will be posted on my property and will remain until the public hearing process of the Planning Commission and County Board is complete. I further understand the Change of Zoning process as stated above and I authorize Sarpy County staff to enter the property for inspection related to the specific request during this process.*

\_\_\_\_\_  
Property Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Property Owner Signature

\_\_\_\_\_  
Date