



# 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)

## SPECIAL USE PERMIT APPLICATION

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

1. Completed Special Use Permit 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. Two (2) site plan drawings and/or other such plans and data showing the dimensions, arrangements, description, data, and other material which shall constitute a record essential to the understanding of the proposed use.
5. One (1) reduced size site plan drawing or other material provided above (8.5 x 11)
6. One (1) electronic copy of site plan drawing or other material provided above (in PDF form)
7. A detailed operational plan for propose use
8. Other information as deemed necessary by Sarpy County Planning Department
9. **Please review Section 41 of the Sarpy County Zoning Regulations for complete information, processes and submittal requirements for Special Use Permits.**

### 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:

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: \_\_\_\_\_

**OPERATION PLAN / PROJECT DESCRIPTION:** Describe the project in detail, including proposed improvements, proposed uses or business, operating hours, number of employees, anticipated customers, other operational details, etc. – Attach as separate document entitled “Operation Plan.” **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 189<sup>th</sup> & 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 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 Special Use Permit 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.*

\_\_\_\_\_  
Property Owner/Applicant Signature

\_\_\_\_\_  
Date

*I, the undersigned, understand the Special Use Permit 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

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

\_\_\_\_\_  
Date