



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

TRAILER / MOBILE HOME 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 \$ **250.00** made payable to Sarpy County
3. **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: _____

FLOODPLAIN DESIGNATION (if applicable): _____

FDP APPROVED (if applicable): YES – FDP FILE # _____

CURRENT ZONING DESIGNATION: _____

APPLICATION FEE: \$ _____ RECEIPT NO. _____

RECEIVED BY: _____

APPROVED—EXPIRATION DATE: _____ DENIED

AUTHORIZED SIGNATURE DATE

APPLICANT INFORMATION: New Application Renewal

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: _____

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: _____ **CURRENT ZONING:** _____ **CURRENT LAND USE DESIGNATION (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 to confirm its compliance with Section 41 of the Sarpy County Zoning Regulations**
- 2. Any necessary agreements that may be required to be recorded with the Sarpy County Register of Deeds will be the responsibility 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

Property Owner Signature

Date