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 RE-PLAT, PLAT OF RECORD VACATION APPLICATION

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

1. Completed Administrative Re-Plat, Plat of Record Vacation Application
2. Non-Refundable Fee of **$ 200.00** made payable to Sarpy County
3. Two (2) full sized, folded plat drawings
4. One (1) reduced size site plan drawing (8.5 x 11)
5. One (1) electronic copy (PDF) of the plat drawing
6. **Please review Section 9 of the Sarpy County Subdivision Regulations for complete Administrative Re-Plat and Plat of Record Vacation Plat process and submittal requirements.**

APPLICANT INFORMATION: *Please Check Application Type:*   Administrative Re-Plat ☐   Plat of Record Vacation ☐

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 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.*

PLAT 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.*

PLAT NAME:

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:** _____

SOURCE OF UTILITY SERVICES: **Water -** _____   **Sewer -** _____

Gas - _____   **Electric -** _____

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. **All applications for Administrative Replats shall be submitted to the Planning Department for approval. Three original mylars (18' x 24" minimum to 30" x 42" maximum) and 5 paper copies with signatures must be submitted, signed, and recorded with the Register of Deeds office within ninety days of approval.**
2. **All applications for Plat of Record Vacation shall be presented to the Planning Department containing the legal description of the subdivision calling for the vacation thereof. The Planning Department will study the proposal and will forward their recommendation to the County Board.**

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 Administrative Re-Plat and/or the Plat of Record Vacation 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