Falls City, NE 68355

P: (402) 245-2851 F: (402) 245-2741 fallscitynebraska.org





neral Information					
A. Applicant	. Applicant				
Business Name:		Contact:			
Address:		City:	State:	Zip:	
Phone:	Fax:	E-mail:			
B. Property Owne	er* (if different th	an above)			
Business Name:		Contact:			
			State	Zip:	
Address:		City:	State		
Phone: *If more than one pro addresses to this appl C. Engineer/Surve	Fax: perty owner or devel ication eyor or Architect	E-mail E-mail	:attach additional r	names a	
Phone: *If more than one pro addresses to this appl C. Engineer/Surve	Fax: perty owner or devel ication eyor or Architect	E-mail	:attach additional r	names a	
Phone:	Fax: perty owner or devel ication eyor or Architect	E-mail E-mail	: attach additional r	names a	
Phone:	Fax: perty owner or devel ication eyor or Architect	E-mail loper is involved, please	:attach additional r	names a	
Phone:	Fax: perty owner or devel ication eyor or Architect	E-mail loper is involved, please Contact: City:	:State:	names a	
Phone:	Fax: perty owner or develor ication eyor or Architect Fax: t Contact* (appli	E-mail loper is involved, please Contact: City:E-mail	:State: state:	names a	
Phone:	Fax: perty owner or develor ication eyor or Architect Fax: et Contact* (appli	E-mail loper is involved, please Contact: City: E-mail	:State: e, or other)	names a	
Phone:	Fax: perty owner or develor ication eyor or Architect Fax: et Contact* (appli	E-mail loper is involved, please Contact: City: E-mail cant, representative Contact:	:State: e, or other)	names a	

indicate your authority: _____ l (we) am (are) the sole owner(s) of the property.

_____ I have the power of attorney from, or am the attorney-at-law of the property owner(s) authorizing the application and a copy of the authorization is attached.

F. Affiliated Application

II.

An applicant may wish to increase the property considered under this application to include surrounding owner(s). By signing below, an adjoining property owner can state their intent to be party to this application (please attach an additional signature sheet if necessary). A legal description must also be attached for each property owner.

Signature		Print Name	Address				
Signature		Print Name	Address				
viaat li	nformation						
-		osed project, use, exemption, or	r variance:				
	<u> </u>						
B. Sub	division Name:						
		41/4 Section, T					
	-		, \				
	ea (acres):						
	-						
		l, Office, or Multi-Family Residen					
,		be of Units/Buildings:					
		-	uare feet):				
	_						
		•					
	-		(Covered:, Uncovered:)				
	vi. Total Number of	Persons Employed or Intended	to be Regularly Employed On-Site During				
	Maximum Work	ing Shift:					
K. Bui	ilding Height (feet):	Building H	leight (stories):				
	ingle-Family Residen						
	: Number of Unite	c/l ots:					

ii. Minimum Lot Frontage as Measured at Building Setback Line:

- iii. Minimum Lot Size (square feet):_____
- iv. Average Lot Size (square feet):_____

III. Application Requirements

Please submit a total of two (2) paper copies and an electronic copy for review. Please submit the

following along with this application:

- Legal description of property and Surveyor's Certificate
- List of property owners located within 300 feet of the subject property, including four sets of mailing label copies. This list and address labels must be prepared by a title company. This requirement is only for items with public hearings.
- Site plan and/or other documents that illustrate this request as per the appropriate regulations within the Zoning Ordinance and Subdivision Regulations.
- One-page operating statement that describes the proposed use in detail (for Conditional Use Permits only).
- Application fee per the Falls City Annual Fee Resolution Schedule.

Please note that your application will not be accepted or there may be a delay in processing by the Building Department if any of the required information or materials are missing or are improperly presented. To avoid unnecessary delays in processing, please remember to submit the appropriate materials, i.e., signed application, fees, exhibits and/or site plans, special studies if applicable, etc. If you have any questions regarding this application or required materials, please contact the Zoning Administrator at (402) 245-2851. The Building Department is open between 7:00am and 4:00pm Monday through Friday (closed from 12:00pm-1:00pm).