

CERTIFICATE OF ZONING COMPLIANCE

This portion to be filled out completely by Applicant (or may be filled out by Zoning Administrator and signed by the Applicant).

The undersigned hereby applies for a Certificate of Zoning Compliance to occupy and use premises as follows:

1. Legal Description of the property to be affected by the activity proposed:

2. Proposed use of premises:

3. I hereby certify that I have the legal authority to file this application, that I have completed and examined this application and know the same to be true and correct. I further certify that all provisions of law and other regulations governing the use proposed in this application have been complied with, whether or not specified in this application. I further certify that I am aware that Otoe County had not adopted any type or form of building or other code which would regulate the design and construction of any building or structure and Otoe County assumes no liability and shall not in any manner be held liable for any design or construction problem or defect in any building or structure for which a zoning permit, certificate of compliance or other form of land usage approval may be issued.

Printed Name of Applicant	Mailing Address of Applicant
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Signature of Applicant	Date	Telephone Number of Applicant
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This Section to be completed by Zoning Administrator

CERTIFICATE OF ZONING COMPLIANCE APPLICATION No. __, 20__

This Certificate is related to Zoning Permit No. ___ dated _____ issued to _____

1. If Proposed occupancy is a change of use where no new buildings or additions are proposed and no zoning permit is needed, said building and use will comply with all setback distances, water/sewage disposal requirements, parking/sign regulations and other applicable zoning regulations (refer to requirements on zoning permit) YES ___ NO ___
2. If building permit has been issued, building and proposed use complies with all statements and facts indicated on such approved building permit. YES ___ NO ___
3. If use required a Conditional Use approval, building/use complies with all conditions of approval. YES ___ NO ___
4. If use required approval of a Variance by the Board of Adjustment, such use complies with all conditions of approval of the approved variance. YES ___ NO ___
5. Site inspected on _____, to verify compliance with all applicable conditions

6. Inspectors comments:

7. Certificate of Zoning Compliance issued on _____.

8. Copy of approved Certificate of Zoning Compliance mailed to Applicant on _____

Signature of Zoning Administrator

ALL FEES MUST BE PAID WHEN APPLICATION IS MADE.

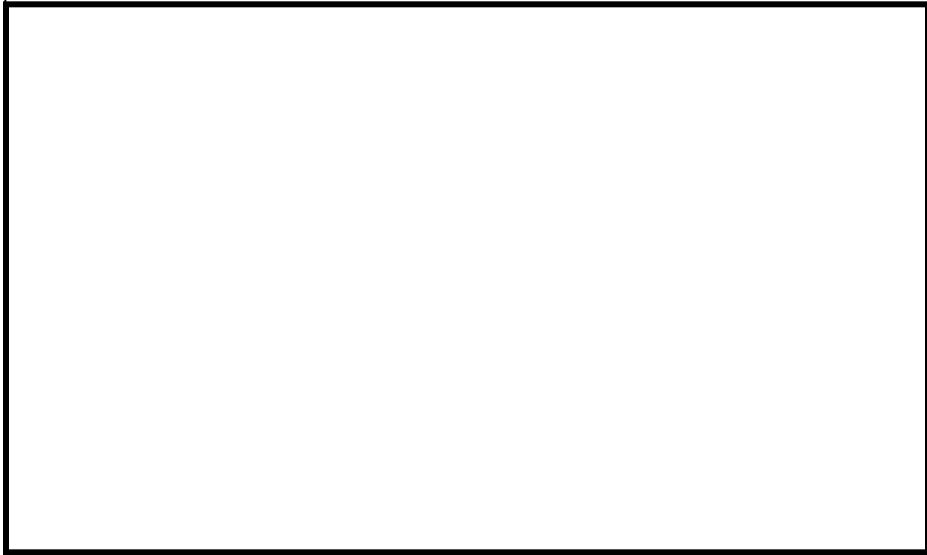
NO PERMIT WILL BE ISSUED UNTIL PROPER FEES ARE PAID.

Show all dimensions of Lot: Building, Front/Side/Read set backs

Plus location of existing buildings.

LOT LINE

STREET OR ROAD #



LOT LINE

LOT LINE

Acreage Size: _____

Acreage Location:

NW 1/4	NE 1/4
SW 1/4	SE 1/4