



Residential Zoning Permit Application
Broken Bow, Nebraska

Fill in the following information as accurately as possible. This application is not acceptable unless all information is furnished.

Property Owner _____ Property Address _____

Lot Size _____ Zoning Classification _____ Contractor _____

Legal Description _____

Project Information

_____ New Residential _____ Residential Addition _____ Accessory Building _____ Deck

Height to top of roof: _____ Building Size _____ x _____ Estimated Cost \$ _____

Distance from Front Property Line _____ Distance Between Other Buildings _____

Rear Property Line _____ Side Property Line _____ Second Side Line _____

Do you plan on building around or covering a City utility meter? ____ Yes ____ No If yes, please call the Broken Bow Utility Office at 872-6884.

Please attach a copy of the results from the Notice Criteria Tool on the FAA website (<https://oeaaa.faa.gov>).

Sketch proposed project information a separate paper. Please include: Lot size, possible blueprints, location of proposed improvement and measurements of all distances from lot lines and other structures.

The property owner (applicant) is solely responsible for compliance with any other state or other laws, regulations, codes or permits.

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 type of construction and use proposed in this application will be complied with, whether or not specified in this application and I will hold the City of Broken Bow harmless from any and all liability that may result as a result of the above proposed construction or activity. I further certify that I am aware that the City of Broken Bow has not adopted any type or form of building or other code which would regulate the design and construction of any building or structure and the City 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 any other permit or other form of land usage approval may be issued. I further certify that I will indemnify the City for costs and damages resulting from failure to comply with any City, County or State laws applicable herein. My signature also indicates permission granted to the Zoning Administrator to inspect the site in which this permit is granted at any time until completed.

Owner (name and address) _____ Date _____ Phone _____

Zoning Administrator _____ Date _____

Residential Zoning

New Construction/Manufactured Home	\$225.00
Additions	\$125.00

No fee or permit is required for: painting, re-roofing, or window replacement (of same size or smaller), siding of any type (except brick), or door replacement

Detached or attached garage or accessory building (10' x 12' and over)	\$ 75.00
Accessory building (under 10 x 12)	\$ 25.00
In-ground pools	\$100.00
Demolition permit	\$ 25.00
Fence, driveways, sidewalks, animal kennel or pen, porch, carport	\$ 25.00
Moving a residence	\$225.00
Mobile home (skirted)	\$100.00

Zoning

Special Use Permit	\$150.00
Variance	\$500.00
Rezoning	\$300.00

If the construction described in any issued zoning permit has not been initiated within six (6) months from the date of the issuance thereof, said zoning permit shall expire and be canceled by the Zoning Administrator with written notice thereof provided to the applicant for such permit. If the construction described in an issued zoning permit has not been completed within one (1) year from the date of issuance thereof, said zoning permit shall expire and be cancelled by the Zoning Administrator with written notice thereof indicating to the applicant for such permit that no further construction shall proceed unless a new zoning permit has been issued.

If construction has started without first obtaining a building permit, the permit fee automatically is doubled. Construction is deemed started when the first building element is put in place.

For Office Use Only

Accepted by _____ Date _____

Payment received: mo. _____ day _____ yr. _____ Cash _____ Check _____

Application Approved _____ Not Approved _____ Reason: _____

Is the proposed use permitted within this zoning district? _____ Yes _____ No

Does the proposed use meet all the required setback distances? _____ Yes _____ No