Fee: \$	Permit #
Receipt #:	Also See
Rct. Date	Zoning District

KNOX COUNTY ZONING (BUILDING) PERMIT APPLICATION
PO Box 165, Center, NE 68724, zoning@knoxcountyne.gov
Phone: 402-288-5618 Fax: 402-288-5680

<u>APPLICANT</u>		
Name:		
Address:		Cell Phone:
City, State, Zip		E-Mail:
CONTRACTOR (If someone other than you		
Name:		Phone:
Address:		
<u>PROPERTY</u>		
Legal Description:		
Parcel size:		Parcel #
Township Name:		
<u>STRUCTURE</u>		
Is this structure: □New □Addition	on Relocation	from:
dwelling or living area to be classified	d as agricultural.) in agricultural products and the structure cannot contain
Dimensions:	Height:	Estimated Cost \$
Approx. date of construction		Finish
<u>SETBACKS</u> Distance to Property Line		Check One
East	-	□Front □Side □Rear Note: Front
West		
North		
South		
GENERAL		
Is the applicant the land owner?	□Yes □No	
If not, owner's signature of	approval:	
To whom should the improvemen	its be assessed?	
		it be from the nearest livestock feeding
6	,	facility?
If used for livestock: number of he	ead and species of	on this location:
FEES Fees are payable to Knox County	-	
$\frac{1}{50}$ + \$1 per \$1,000 of estimated		t.

Agricultural structures have no fee (but are subject to late fees). Late fees for building <u>prior</u> to obtaining a permit is \$500.

New Structure with dimension	□Existing Structures	□North Arrow
Distances to property lines	□Driveway	□Road
Location of septic tank and drainfield	□Well	
of the applicant to have a septic sy	stem that meets current NI	ture will not interfere with the abil DEE requirements.
If lot size is less than 3 acres: I cerof the applicant to have a septic synDEE Certified Professional signature:	stem that meets current NI	
of the applicant to have a septic syNDEE Certified Professional signature:_ In consideration of the issuance of this permit, the comply with the Zoning Regulations, and other regulates, this permit will become null and void. S	applicant hereby certifies that the abovulations, which are in effect. If in violating this application gives the Knox	
of the applicant to have a septic syNDEE Certified Professional signature:_ In consideration of the issuance of this permit, the comply with the Zoning Regulations, and other regulates, this permit will become null and void. Subove mentioned property. This permit is valid for	applicant hereby certifies that the abovulations, which are in effect. If in violating this application gives the Knox	DEE requirements. e statements are true and correct, and hereby agreetion of the regulations, or through misrepresentation County Zoning department the authority to inspect
of the applicant to have a septic synDEE Certified Professional signature:_ In consideration of the issuance of this permit, the omply with the Zoning Regulations, and other regulates, this permit will become null and void. Shove mentioned property. This permit is valid for Applicant's Signature:	applicant hereby certifies that the abovulations, which are in effect. If in violating this application gives the Knox	DEE requirements. e statements are true and correct, and hereby agrection of the regulations, or through misrepresentation
of the applicant to have a septic synDEE Certified Professional signature:_ n consideration of the issuance of this permit, the omply with the Zoning Regulations, and other regulations, this permit will become null and void. Shove mentioned property. This permit is valid for Applicant's Signature:_ Approved	applicant hereby certifies that the abovulations, which are in effect. If in violating this application gives the Knox	DEE requirements. e statements are true and correct, and hereby agreetion of the regulations, or through misrepresentation County Zoning department the authority to inspect Date:
of the applicant to have a septic synDEE Certified Professional signature:_ In consideration of the issuance of this permit, the omply with the Zoning Regulations, and other regular facts, this permit will become null and void. Shove mentioned property. This permit is valid for Applicant's Signature: Approved Denied	applicant hereby certifies that the abovulations, which are in effect. If in violating this application gives the Knox 2 years.	DEE requirements. e statements are true and correct, and hereby agreetion of the regulations, or through misrepresentation County Zoning department the authority to inspect
of the applicant to have a septic synDEE Certified Professional signature:_ In consideration of the issuance of this permit, the omply with the Zoning Regulations, and other regulates, this permit will become null and void. Subove mentioned property. This permit is valid for Applicant's Signature:_ Approved	applicant hereby certifies that the abovulations, which are in effect. If in violating this application gives the Knox 2 years.	DEE requirements. e statements are true and correct, and hereby agreetion of the regulations, or through misrepresentation County Zoning department the authority to inspect Date:
of the applicant to have a septic synDEE Certified Professional signature:_ n consideration of the issuance of this permit, the comply with the Zoning Regulations, and other regulates, this permit will become null and void. Shove mentioned property. This permit is valid for Applicant's Signature: Approved Denied Zoning Admini	applicant hereby certifies that the abovulations, which are in effect. If in violatinging this application gives the Knox 2 years.	DEE requirements. e statements are true and correct, and hereby agreetion of the regulations, or through misrepresentation County Zoning department the authority to inspect Date:
of the applicant to have a septic synDEE Certified Professional signature:_ In consideration of the issuance of this permit, the comply with the Zoning Regulations, and other regular facts, this permit will become null and void. So bove mentioned property. This permit is valid for Applicant's Signature: Approved Denied Zoning Admini For office use: Date of Inspection_	applicant hereby certifies that the abovulations, which are in effect. If in violating this application gives the Knox 2 years.	DEE requirements. e statements are true and correct, and hereby agreetion of the regulations, or through misrepresentation County Zoning department the authority to inspect Date: Date:
of the applicant to have a septic synDEE Certified Professional signature:_ In consideration of the issuance of this permit, the comply with the Zoning Regulations, and other regulates, this permit will become null and void. Shove mentioned property. This permit is valid for Applicant's Signature: Approved Denied Zoning Admini For office use: Date of Inspection_ Allowed in Zoning District	applicant hereby certifies that the abovulations, which are in effect. If in violating this application gives the Knox 2 years.	DEE requirements. e statements are true and correct, and hereby agreetion of the regulations, or through misrepresentation County Zoning department the authority to inspect Date: Date: Date:
of the applicant to have a septic synDEE Certified Professional signature:_ In consideration of the issuance of this permit, the comply with the Zoning Regulations, and other regulates, this permit will become null and void. Subove mentioned property. This permit is valid for Applicant's Signature: Approved Denied Zoning Admini For office use: Date of Inspection_ Allowed in Zoning District Meets Setbacks	applicant hereby certifies that the abovulations, which are in effect. If in violatinging this application gives the Knox 2 years. Strator Complie	DEE requirements. e statements are true and correct, and hereby agreetion of the regulations, or through misrepresentation County Zoning department the authority to inspect Date: Date:
of the applicant to have a septic synDEE Certified Professional signature:_ In consideration of the issuance of this permit, the omply with the Zoning Regulations, and other regulations, this permit will become null and void. So bove mentioned property. This permit is valid for Applicant's Signature: Approved Denied Zoning Admini For office use: Date of Inspection_ Allowed in Zoning District Meets Setbacks Meets Lot coverage	applicant hereby certifies that the abovulations, which are in effect. If in violatinging this application gives the Knox 2 years. Complies Meets sea AH	DEE requirements. e statements are true and correct, and hereby agreetion of the regulations, or through misrepresentation County Zoning department the authority to inspect Date: Date: Date: es with NFIP etback from AFO
of the applicant to have a septic synDEE Certified Professional signature:_ In consideration of the issuance of this permit, the omply with the Zoning Regulations, and other regulates, this permit will become null and void. Shove mentioned property. This permit is valid for Applicant's Signature: Approved Denied Zoning Admini For office use: Date of Inspection_ Allowed in Zoning District Meets Setbacks	applicant hereby certifies that the abovulations, which are in effect. If in violatinging this application gives the Knox 2 years. Strator Complie Meets se AH Meets H	DEE requirements. e statements are true and correct, and hereby agreetion of the regulations, or through misrepresentation County Zoning department the authority to inspect Date: Date: Date: