

Fee: \$100 Payable to Antelope County Treasurer
Receipt # _____

Permit # _____
Zoning District _____

ANTELOPE COUNTY ADMINISTRATIVE PLAT APPLICATION

501 Main Street Neligh, NE 68756
zoning@antelopecounty.org Phone: (402) 887-4248

APPLICANT

Name: _____ Phone: _____
Address: _____ E-mail: _____
City, State, Zip: _____ Cell Phone: _____

LANDOWNER (If different from Applicant)

Name: _____ Phone: _____
Address: _____ E-mail: _____
City, State, Zip: _____ Cell Phone: _____

Legal Description: _____
Township Name: _____ Parcel # _____

What is the purpose of the Administrative Plat? Lot Split Lot Combination Boundary Adjustment
Is a new road, street or alley needed or proposed? Yes No
Is a vacation of streets, alleys, setback lines, access control or easement required or proposed? Yes No
Will a lot split result in a significant increase or interfere with maintaining existing service requirements
(e.g., Utilities, schools, traffic, etc.)? Yes No
Will this action result in a tract without direct access to a street or county road? Yes No
Has the lot been previously split according to the current Subdivision Regulations? Yes No
Does the applicant request waivers of required items (listed below) as provided by the current Subdivision
Regulations? Yes No If yes, please list item numbers: _____

Items Required on the plat:

- 1. Survey of lots
- 2. Location and precise nature of any structures located thereon, if any
- 3. Location and dimensions of the proposed administrative plat
- 4. A sealed or notarized surveyor's statement signed and acknowledged by a registered land surveyor
- 5. A signature block for the Register of Deeds
- 6. A signature block for the County Surveyor
- 7. A signature block for the County Treasurer stating there are no regular or special taxes due or delinquent against the platted land
- 8. A signature block for the approval and signature of the Zoning Administrator and Chairman of the Board of Supervisors and attested to by the County Clerk
- 9. Owner's Affidavit

In consideration of the issuance of the Administrative Plat, the applicant hereby certifies that the above information is true and correct. If there is any misrepresentation of the facts, this application becomes null and void, and the applicant may be subject to any penalties that may apply.

Applicant's Signature: _____ **Date:** _____
Owner's Signature: _____ **Date:** _____

APPROVAL: Granted Denied this _____ day of _____, 20 ____
Reason for denial: _____

Zoning Administrator