

**Fee: \$100** Payable to Antelope County Treasurer

Permit # \_\_\_\_\_

Receipt # \_\_\_\_\_

Zoning District \_\_\_\_\_

## ANTELOPE COUNTY ADMINISTRATIVE PLAT APPLICATION

501 Main Street | Neligh, NE 68756 | (402) 887-4248 | Zoning@AntelopeCounty.Ne.Gov

**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