

Fee: \$125 Payable to Antelope County Treasurer

Receipt # _____

Permit # _____

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: _____ Parcel Size: _____ acres

Township Name: _____ Parcel # _____ Proposed: _____ acres

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 plated 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 _____

Comments: _____

Zoning Administrator: _____

Notification Sent: _____