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|--|-------------------------|
| <b>FOR OFFICE USE ONLY</b>   |                         |
| Permit Number: _____   | Date Paid: _____        |
| Value of Improvement: _____  | Fee Paid: Cash \$ _____ |
| Floodplain: <input type="checkbox"/> Yes <input type="checkbox"/> No | Check \$ _____ # _____  |
| Present Zoning: AGR, R-1, R-2, R-3, C-1, C-2, I, F-1, PUD-1          | Initial: _____          |

APPLICATION FOR ANIMAL PERMIT  
GIBBON, NEBRASKA

Name \_\_\_\_\_

Date \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

Location of Animal(s) \_\_\_\_\_

Type of Animal (s) \_\_\_\_\_

Number of Animal(s) \_\_\_\_\_

Length of time animals will be in City Limits: From \_\_\_\_\_ to \_\_\_\_\_

Comments \_\_\_\_\_

\*\*THIS PERMIT MAY BE REVOKED AT THE DESCRETION OF THE COUNCIL\*\*

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*Office Use Only*

Date Approved \_\_\_\_\_ Date Expire \_\_\_\_\_

\_\_\_\_\_  
(Mayor)

\_\_\_\_\_  
(Attest)

\_\_\_\_\_  
(Date)

SEAL