



FOR OFFICE USE ONLY	
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 CHANGE OF ZONING DISTRICT
GIBBON, NEBRASKA

Fill in the following information as accurately and completely as possible. A complete, and current, copy of the City of Gibbon's Zoning Regulations is available at City Hall. This application is not acceptable unless all required information is furnished. Application must be submitted to City Hall by noon on Friday, prior to scheduled Planning Commission Meeting. Planning Commission is scheduled to meet the second Monday of each month. Please print.

Starting any portion of improvements before permit is approved by designated representative is considered a Violation of the Zoning Ordinance.

Penalty for Violation of Zoning Ordinance: A fine of one hundred dollars (\$100) for any one offense, recoverable with costs, or punishment in the County Jail for a term not to exceed thirty (30) days, shall be administered. Each and every day that such violation continues after notification shall constitute a separate offense.

APPLICANT INFORMATION

Applicant's Name: _____ Phone Number: _____
Applicant's Home Address: _____ Email: _____

PROPERTY INFORMATION FOR ZONING CHANGE

Address of Property: _____
(If no address exists, one must be issued from the City of Gibbon.)

Legal description of Property: _____

Area of Property (square feet or acres): _____
Is any portion of the property in a floodplain? Yes No

Present Use: _____
Requested Use: _____

Present Zoning: _____ Requested Zoning: _____

ADJOINING PROPERTY INFORMATION

Actual Present Use of Adjacent Property:
North: _____ South: _____
East: _____ West: _____

Zoning District of Adjacent Property:
North: _____ South: _____
East: _____ West: _____

EXHIBITS

If exhibits are furnished, please describe and enumerate. If possible, furnish a plot or site plan showing existing and proposed structures, easements, water courses, curb cutbacks, and other pertinent information: _____

JUSTIFICATION FOR CHANGE OF ZONING REQUEST

1. Explain how the requested change of zoning is compatible with the Future Land Use elements of the Gibbon's Comprehensive Plan. _____

2. Identify the soil classifications for the property. Can soil conditions support the proposed use for the property? Can soil conditions support other types of development in the proposed Zoning District? _____

3. Explain how the proposed zoning district will complement adjacent zoning districts. _____

APPLICATION VERIFICATION

The above requested information is, to the best of my knowledge, true and accurate. It is understood and agreed that any error, misstatement, or misrepresentation of fact, either with or without intention on my part, such as might, if known, cause a refusal of this application, or any alteration or change in plans made without the approval of the Zoning Administrator subsequent to the issuance of this permit, shall constitute sufficient grounds for the revocation of this permit. This permit is valid for two (2) years from the final approval date. Physical improvements must begin within one (1) year of final permit approval. By this signature, the Zoning Administrator, or designated representative, is authorized to enter upon the property described for the purpose of inspection.

Signature of Applicant: _____

Printed Name: _____ Date: _____

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Approve Application Recommendations before approval: _____

Approval Signature: _____ Date: _____

Title: _____

PLANNING COMMISSION RECOMMENDATION

Recommend Approval of Application Recommend Disapproval of Application

Signed: _____ Date: _____
Planning Commission Chairman

Signed: _____ Date: _____
Planning Commission Member

FINAL APPROVAL BY CITY COUNCIL

Approve Application Disapprove Application

Signed: _____ Date: _____
Mayor

Attest: _____
City Clerk