

# LANCASTER COUNTY ZONING APPLICATION

(A separate application is required for each request.)

Date

**Note: This application will be returned as insufficient if all required information is not provided.**

Application No. \_\_\_\_\_

Under the provisions of Resolution 3404 of the Lancaster County Zoning Regulations, the undersigned hereby applies for a:

- County Change of Zone From \_\_\_\_\_ To \_\_\_\_\_  County Change of Zone (text) Article \_\_\_\_\_
- County Special Permit, 13.001 - \_\_\_\_\_ List Special Permit Type \_\_\_\_\_
- County Administrative Special Permit (Wireless Facilities)  Miscellaneous  Waiver of Design Standards
- Administrative Amendment to: SP # \_\_\_\_\_  Pre-Existing County Special Permit # \_\_\_\_\_

- Is the purpose statement (Include Article number) for this application attached?  Yes  No (**REQUIRED** for application to be considered complete)
- Have the neighbors been informed of your request?  Yes  No
- Is this application in lieu of a Preliminary Plat?  Yes  No
- Has the U.S. Army Corps of Engineers been contacted?  Yes  No
- Has the Lower Platte South NRD been contacted?  Yes  No

## Project Legal Description:

- Hard Copy Legal Description Attached  Digital File Legal Description Attached

Lot(s) \_\_\_\_\_ Block(s) \_\_\_\_\_

\_\_\_\_\_ Addition \_\_\_\_\_ 1/4 Section \_\_\_\_\_ T \_\_\_\_\_ N, R \_\_\_\_\_ E

Project Address/Location \_\_\_\_\_

**Property Owner Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

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

**Applicant/Permittee Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

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

**Contact Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

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

**Applicant's (Permittee's) Signature** \_\_\_\_\_

**Property Owner's Signature** \_\_\_\_\_ (Property Owner signature not required on Change of Zone applications.)

\* NOTE: If applicant is not owner of the premises, the owner's signature (or written permission of the owner authorizing the applicant to sign on behalf of the owner) must be affixed to this application. The applicant and owner's signatures (or owner's written permission) certifies that permission is granted by the owner to all authorized city/county personnel to enter the premises for the purpose of review of this application.

\*\*\*\* Applications that create lots with onsite, individual waste water systems are subject to the Health Dept. Area Development Fee; \$325 base fee plus \$25 per lot for each lot created (Maximum Health Fee \$1,000).