



PLANNING & ZONING APPLICATION

CITY OF LA VISTA

8116 PARK VIEW BLVD., LA VISTA, NE 68128

402-593-6400

Date: _____		
Application Type		
<input type="checkbox"/> Preliminary Plat* <input type="checkbox"/> Revised Preliminary Plat <input type="checkbox"/> Final Plat <input type="checkbox"/> Replat* <input type="checkbox"/> Administrative Plat <input type="checkbox"/> Vacation of Plat	<input type="checkbox"/> Site Plan Review <input type="checkbox"/> Rezoning <input type="checkbox"/> Conditional Use Permit <input type="checkbox"/> P.U.D. Site Plan <input type="checkbox"/> Comprehensive Plan Amendment	<input type="checkbox"/> Zoning/Subdivision Amendment <input type="checkbox"/> Tower Development Permit <input type="checkbox"/> Other: _____
		*A pre-application meeting is required.

A. General Information

1. **APPLICANT**

Name: _____ Contact: _____
 Address: _____ City: _____ State: ____ Zip: _____
 Phone: _____ Fax: _____ Email address: _____

2. **PROPERTY OWNER (If not the same as applicant above):**

Name: _____ Contact: _____
 Address: _____ City: _____ State: ____ Zip: _____
 Phone: _____ Fax: _____ Email address: _____

3. **ENGINEER/SURVEYOR OR ARCHITECT:**

Name: _____ Contact: _____
 Address: _____ City: _____ State: ____ Zip: _____
 Phone: _____ Fax: _____ Email address: _____

4. **PRIMARY PROJECT CONTACT (applicant, representative, or other):**

Name: _____ Contact: _____
 Address: _____ City: _____ State: ____ Zip: _____
 Phone: _____ Fax: _____ Email address: _____

- If more than one property owner or developer is involved, please attach additional names and addresses to this application.
- The contact person will receive all staff correspondence.

5. Certification:

An application may be filed only by the owner(s) of the property, a person with the power of attorney from the owner authorizing the application, or by the attorney-at-law representing the owner. Indicate your authority.

_____ I (We) (am) (are) the sole owner(s) of the property.

_____ I have the power of attorney from, or am the attorney at law of, the property owner(s) authorizing the application and a copy of the authorization is attached.

Signature	Print Name	Address
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NOTE: ALL APPLICATIONS MUST HAVE THE SIGNATURE(S) OF THE CURRENT PROPERTY OWNER OR THE PERSON WITH THE PROPER POWER OF ATTORNEY NOTRAIZED BY A CERTIFIED NOTARY PUBLIC.

6. Affiliated Application:

An applicant may wish to increase the property considered under this application to include surrounding owner(s). By signing below, an adjoining property owner can state their intent to be party to this application (attach additional sheet if necessary). A legal description must also be attached for each property owner.

Signature	Print Name	Address
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Signature	Print Name	Address
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B. Project Information:

1. Description of proposed project, use, exemption, or variance:

2. Subdivision Name: _____

3. Project Location: _____ 1/4 _____ 1/4 Section _____, T_____, R_____, Sarpy County, Nebraska
General Location: _____

4. Project/Property Address (if available): _____

5. Area: _____ (acres)

6. Future Land Use Designation (Comprehensive Plan): _____

7. Proposed Land Use Designation (if applicable): _____

8. Present Use of the Land: _____

9. If commercial/industrial/office or multi-family residential:

a. Number & Type of units/buildings: _____

b. Total building coverage (footprint): _____ square feet.

c. Total Open Space: _____ square feet.

d. Total building floor area: _____ gross square feet.

e. Total number of parking spaces: Provided _____ Covered _____ Uncovered _____

f. Total number of persons employed or intended to be regularly employed on the site during the maximum working shift _____.

10. Building Height: _____ feet _____ stories.

- 11. If single family residential:
 - g. Number of units/lots: _____
 - h. Minimum lot frontage as measured at building setback line: _____
 - i. Minimum lot size: _____ square feet
 - j. Average lot size: _____ square feet

12. Attach Legal Description of Property and Surveyor's Certificate.

13. Attach a list of Property Owners located with 300 feet of the proposed project. It must be prepared by a title company and include four (4) sets of mailing label copies.

14. Attach a site plan and/or other documents that illustrate this request as per appropriate regulation within the Zoning Ordinance or Subdivision Regulations. Contact the City Planner for clarification of submittal requirements.

15. Include appropriate application fee as listed in the Master Fee Schedule.

A total of four (4) paper copies AND a set of electronic copies of each site plan/plat are required with your submittal. See the appropriate city regulation for plan/plat size requirements. Please fold these plans so they fit with the other pages.

Please note that your application will not be accepted or there may be a delay in processing by the Community Development Department if any of the required information or materials are missing or improperly presented. To avoid unnecessary delays in processing, please remember to submit the appropriate submittal requirements, i.e., signed application, fees, exhibits and/or site plans, special studies if applicable and signed checklist. If you have any questions regarding this application or required materials, please contact the Community Development Department at (402) 331-4343 between 8:00 a.m. and 4:30 p.m., Monday through Thursday, and on Friday, 8:00 a.m. to Noon.

OFFICE USE ONLY

Project Case Number _____	Planning Commission _____ Published _____ Action: _____
Date Complete Application Received _____	City Council _____ Published: _____ Action: _____
Check Number/Amount _____	Posted on Property: _____ Notice to School District: _____

Other Comment(s): _____
