



PLANNING & ZONING APPLICATION

CITY OF LA VISTA

8116 PARK VIEW BLVD., LA VISTA, NE 68128

402-331-4343

Check Application/s Submitted:

- | | | |
|---|---|---|
| <input type="checkbox"/> Comprehensive Plan Amendment | <input type="checkbox"/> Administrative Plat | <input type="checkbox"/> Preliminary P. U. D. |
| <input type="checkbox"/> Rezoning | <input type="checkbox"/> Preliminary Plat* | <input type="checkbox"/> Final P.U.D. |
| <input type="checkbox"/> Zoning/Subdivision Amendment | <input type="checkbox"/> Revised Preliminary Plat | <input type="checkbox"/> Building Design Review |
| <input type="checkbox"/> Conditional Use Permit | <input type="checkbox"/> Final Plat | <input type="checkbox"/> Site Plan Review |
| <input type="checkbox"/> Conditional Use Permit Amendment | <input type="checkbox"/> Replat or Small Tract Sub. | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Tower Development Permit | <input type="checkbox"/> Vacation of Plat | _____ |

*A pre-application meeting is required prior to submittal.

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.

Twelve additional, pre-folded (8.5 x 11) copies of each site plan/plat is required with your submittal.

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. In order to ensure that a complete application is provided and 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.

5. **Certification:**

An application may be filed only by the owner(s) of the property or by 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 the property owner(s) authorizing the application and a copy of the authorization is attached.

_____ I am the attorney at law representing the owner(s) and a copy of the authorization is attached.

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

6. **Affiliated Application:**

An applicant may wish to increase the property considered under this application to include surrounding

owners. 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
Signature	Print Name	Address

B. Project Information:

1. Subdivision Name: _____
2. Project Location: _____ 1/4 _____ 1/4 Section _____, T_____, R_____, Sarpy County, Nebraska
General Location: _____
3. Project/Property Address (if known): _____
4. Area: _____ (acres)
5. Future Land Use Designation (Comprehensive Plan): _____
6. Proposed Land Use Designation (if applicable): _____
7. Existing Zoning Designation: (attach additional sheet if necessary)

Zoning	Acres	Lots	Units	Density
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Total	_____	_____	_____	_____

8. Proposed Zoning Designation: (attach additional sheet if necessary)

Zoning	Acres	Lots	Units	Density
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Total	_____	_____	_____	_____

9. Present Use of the Land: _____

10. Proposed Request: _____

11. 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 paved impervious area: _____ square feet

- e. Total building floor area: _____ gross square feet.
- f. Total number of parking spaces: Provided _____ Covered _____ Uncovered _____
- g. Total number of persons employed or intended to be regularly employed on the site during the maximum working shift _____.

12. Building Height: _____ feet _____ stories.

13. If single family residential:

- a. Number of units/lots: _____
- b. Minimum lot frontage as measured at building setback line: _____
- c. Minimum lot size: _____ square feet
- d. Average lot size: _____ square feet

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

15. Attach list of Property Owners located with 300 feet of proposed project. (Must be prepared by a title company and in label-ready format).

16. Attach site plan and/or other documents that illustrate this request.

17. Include appropriate application fee.

18. For public hearing presentation, overhead transparencies or other approved form of projected illustrations identical to any display boards being used are required.

For 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): _____

