

CERTIFICATE OF ZONING COMPLIANCE
ARCADIA / ELYRIA / NORTH LOUP, NEBRASKA

This portion to be filled out complete by Applicant (or may be filled out by Zoning Administrator and signed by Applicant)

The undersigned hereby applies for a Certificate of Zoning Compliance to occupy and use a premises as follows:

1. Legal Description of the property to be affected by the activity proposed: _____

2. Proposed use of premises: _____
3. **I hereby certify that I have the legal authority to file this application, that I have completed and examined this application and know the same to be true and correct. I further certify that all provisions of law and other regulations governing the type of construction and use proposed in this application have been complied with, whether or not specified in this application.**

Printed Name of Applicant

Mailing Address of Applicant

Signature of Applicant

Date of Application

Telephone No. of Applicant

This Section to be completed by the Zoning Administrator

CERTIFICATE OF ZONING COMPLIANCE APPLICATION NO. _____, 20____

This Certificate of Zoning Compliance is related to Zoning Permit No. _____ issued to _____
and dated _____, 20____

1. If proposed occupancy is a change of use where no new buildings or additions are proposed and no zoning permit is needed, said building and use will comply with all setback distances, water / sewage disposal requirements, parking / sign regulations and other applicable zoning regulations (refer to requirements on zoning permits) ___ Yes ___ No
2. If building permit has been issued, building and proposed use complies with all conditions of approval ___ Yes ___ No
3. If use required a Conditional Use approval, building / use complies with all conditions of approval ___ Yes ___ No
4. If use required approval of a Variance by the Board of Adjustment, such use complies with all conditions of approval of the approved variance ___ Yes ___ No
5. Site inspected on _____, 20____ to verify compliance with all applicable conditions
6. Inspectors comments: _____

7. Certificate of Zoning Compliance issued on _____, 20____

Signature of Zoning Administrator

8. Copy of approved Certificate of Zoning Compliance mailed to Applicant on _____, 20____