



SARPY COUNTY PLANNING

• 1210 GOLDEN GATE DRIVE PAPILLION, NE 68046
• PHONE: 402-593-1555 • FAX: 402-593-1558 • E-MAIL: PLANNING@SARPY.COM

ADMINISTRATIVE RE-PLAT, LOT LINE ADJUSTMENT, PLAT OF RECORD VACATION APPLICATION

In order for your application to be considered **COMPLETE**, please answer all applicable questions and provide the following:

1. Submit complete Administrative Re-Plat, Lot Line Adjustment, Plat of Record Vacation Application
2. Submit Non-Refundable Fee of \$ **100.00** made payable to Sarpy County Treasurer
3. 1 reduced size site plan drawing (8.5 x 11)
4. 1 Electronic copy of the plat drawing (PDF)
5. 1 full sized, **folded** plat drawings
6. **Please review sections 9 of the Sarpy County Subdivision Regulations for complete Administrative Re-Plat, Lot Line Adjustment, Plat of Record Vacation Plat process requirements.**

PLANNING STAFF USE ONLY:

APPLICATION NO.: _____
 DATE RECEIVED: _____
 CP DESIGNATION: _____
 ZONING DESIGNATION: _____
 FEE: \$ _____ RECEIPT NO. _____
 RECEIVED BY: _____
 NOTES: _____

APPLICANT INFORMATION: Please Check Application Type: Admin Re-Plat Lot Line Adjustment Record Vacation

NAME: _____ E-MAIL: _____
 ADDRESS: _____ CITY/STATE/ZIP: _____
 MAILING (IF DIFFERENT)
 ADDRESS: _____ CITY/STATE/ZIP: _____
 PHONE: _____ FAX: _____

PROPERTY OWNER INFORMATION: (If multiple owners, attach separate sheet)

Please check box if attaching separate sheet with owner information.

NAME: _____ E-MAIL: _____
 ADDRESS: _____ CITY/STATE/ZIP: _____
 MAILING (IF DIFFERENT)
 ADDRESS: _____ CITY/STATE/ZIP: _____
 PHONE: _____ FAX: _____

ENGINEER INFORMATION:

NAME: _____ E-MAIL: _____
 ADDRESS: _____ CITY/STATE/ZIP: _____
 MAILING (IF DIFFERENT)
 ADDRESS: _____ CITY/STATE/ZIP: _____
 PHONE: _____ FAX: _____

PROJECT DESCRIPTION: *(Describe the project in detail, including physical features of the site, proposed improvements, proposed uses or business, operating hours, number of employees, anticipated customers, etc. – Attach additional sheets if necessary.) PLEASE NOTE: A detailed project description is essential to the reviewing process of this request.*

PLAT INFORMATION: *Complete each section in its entirety. If a question is not applicable to your project, please indicate this to show that each question has been carefully considered.*

PLAT NAME: _____

ASSESSOR’S PARCEL NUMBER: _____ **CURRENT ZONING:** _____

ADDITIONAL PARCEL NUMBERS _____ **GEN. PROP. LOCATION*:** _____

**example 189th & Giles Rd*

LEGAL DESCRIPTION: *(Describe property to wit:)*

ADDITIONAL INFORMATION: *Please use this space to provide any other information you feel is appropriate for the County to consider during review of your application. Attach extra sheets if necessary.*

PLEASE NOTE THE FOLLOWING PROCEDURES:

- 1. All applications for Administrative Replats and Administrative Lot Line Adjustments shall be made with the Planner Director for approval. Four original Mylars and 4 paper copies with signatures, must be submitted, signed, and recorded with the Register of Deeds office within ninety days of approval.**
- 2. All applications for Plat of Record Vacation shall be presented to the Planning Director containing the legal description of the subdivision calling for the vacation thereof. The Planning Director will study the proposal and will send his/her recommendation to the County Board.**

I, the undersigned, understand the Administrative Re-Plat, Lot Line Adjustment, Plat of Record Vacation process as stated above and I authorize County Staff to enter the property for inspection related to the specific request during this process.

Owner Signature (or authorized agent)

Date

Owner Signature (or authorized agent)

Date