



SARPY COUNTY PLANNING

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

FINAL PLAT APPLICATION

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

1. Submit complete Final Plat Application
2. Submit Non-Refundable Fee of \$ _____ made payable to Sarpy County Treasurer
3. 1 reduced size plat drawing (8.5 x 11)
4. 1 Electronic copy of the plat drawing (PDF)
5. 25 full sized, **folded** plat drawings
6. **Please review sections 7 and 8 of the Sarpy County Subdivision Regulations for complete Final Plat process requirements.**

PLANNING STAFF USE ONLY:

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

APPLICANT INFORMATION:

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. The Planning Commission will hold a public hearing and make a recommendation to the County Board.
2. County Board will hold a public hearing and make a final decision on the Final Plat.
3. All necessary agreements will be recorded with the Sarpy County Register of Deeds, the cost of which will be borne by the Final Plat applicant or the property owner.
4. Upon approval of the Final Plat, a certification of approval by the Board shall be endorsed thereon by the County Clerk, and eight (8) copies of the Final Plat shall be filed with the Register of Deeds office within 90 days. (3 Mylar and 5 Paper Copies with signatures).

I, the undersigned, understand a sign will be posted on my property and will remain until the public hearing process at the Planning Commission and County Board is complete. I further understand the Final Plat 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