

Gage County Planning & Zoning

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APPLICATION FOR SPECIAL USE PERMIT

Date:		SPECIAL USE PERMIT NO:
Name		
Address		
Town	State	Zipcode:
Phone:	_(Cell) or	(Land) Parcel ID
Address or Location:		
Township Name:	Section:	Range: Quarter: Parcel #:
State the type and proposed use	of this propert	y to be as follows:
Attach proposed development of property and plans to this permit form.		
Applicant Signature	Date	Lisa K. Wiegand, Zoning Administrator Date
Planning Commission Hearing Date:		Board of Supervisors Hearing Date:
Judgement:		Judgement: Resolution: