

FILLMORE COUNTY APPLICATION FOR CERTIFICATE OF ZONING COMPLIANCE

For Irrigation Wells, Irrigation Pivots and Related Structures

Certificate No. _____ Application Date: _____ PID: _____ Card File: _____

Please do not begin work until certificate is approved.**Complete application and return to:****Zoning Administrator, Shaundee Graham at 1320 G Street, Geneva, NE 68361****Contact the Zoning Office at 402.759.4982 with any questions.**

Name of Applicant: _____ Cell Phone: _____

Mailing Address: _____ Village: _____ Zip: _____

E-mail Address: _____

Well Driller/Contact Information: _____

Pivot Dealer/Contact Information: _____

Name of Property Owner, Legal Description and Address of land well/pivot is to be installed:

Name: _____ Address: _____

Part _____ Section _____ Township _____ Range _____

Individual responsible for Personal Property Tax on Improvement *(Please check one)*

_____ Applicant _____ Land Owner _____ N/A _____ Other

Schedule number if available *(to be filled out by Zoning Dept.):* _____**Type of Structure:** *(circle all applicable)* **WELL PIVOT PIVOT POINT/PAD OTHER:** _____

Pivot Corners: _____ Irrigated _____ Dry _____ Number of Acres to be Irrigated: _____

Minimum Requirements:

1. Pivot end gun or any other part of pivot shall not extend into any public road right of way.
2. The setback for the outward most point of any new irrigation well, pivot point, pivot pad, well house, fuel tank or pump motor shall be at least ten (10) feet from the road right-of-way.
3. Please supply an FSA Map of the property or an aerial photo and sketch the location of all proposed installations. An aerial photo can be obtained by visiting <https://beacon.schneidercorp.com>. Enter the property information in the "Search" tab, then select the "Map" tab. The Zoning office can also assist with this.

Disclaimer:

By signing this application, the applicant hereby certifies that the above statements are true and correct to the best of their knowledge and hereby agrees to comply with the zoning regulations and any other regulations which are in effect. The applicant's signature on this document acknowledges permission for the Zoning Administrator or staff to be on site. Approval of the certificate does not hold the Administrator or Fillmore County liable. If in violation of any zoning regulations through falsifying information or misrepresentation of the facts, this zoning certificate of compliance then becomes null and void, and the applicant may be subject to penalties established. *Additionally, by signing, the applicant certifies that there are no existing easements on the property.*

Applicant Signature _____ Date _____

FOR ZONING OFFICE USE ONLY:**COMMENTS:****This application for a CERTIFICATE OF ZONING COMPLIANCE is**_____ **Approved**_____ **Denied**_____
Signature of Zoning Administrator_____
Date