



APPLICATION FOR PERMIT FOR ACCESSORY BUILDINGS

(Garage, Shop Bldg., Shed, Additions to, etc.)

SEWARD COUNTY-VILLAGE OF STAPLEHURST

Date: _____ Zoning Permit #: _____
Parcel ID #: _____ # Acres: _____ Zoning District: _____
Legal Description: Precinct: _____ Section: _____ Range: _____ Township: _____ Quarter: _____
Owner: _____ Phone #: _____
Address: _____ Email: _____

CLASS OF WORK

Type of Construction: _____ Pole Frame: _____ Rigid Steel Frame: _____ Wood Frame: _____
Building Size: Length: _____ Width: _____ Sidewall Height: _____ Square Footage: _____
Will the building have any of the following: Electric: _____ Heat: _____ Air Conditioning: _____ Concrete Floor: _____
Plumbing: _____ of Fixtures: _____ Insulation: _____ Type of insulation: _____ Liner: _____
Office Space: _____ sq ft: _____ Living Quarters: (bathroom, kitchenette, etc.) _____ sq ft: _____
Grain Bin: _____ Diameter: _____ Height: _____ Make: _____ Year Built: _____ Bushel Units: _____
If Building (Grain Bin, etc.) is moved in, where is it coming from? _____

(Owner, Address, and /or Legal Description)

ZONING REQUIREMENTS N/A STAPLEHURST

*ALL BUILDINGS WILL BE BUILT BY: IBC CODE STANDARDS 2018 OR BETTER

*ALL WELL, SEPTIC, SEWER OR LAGOON STANDARDS ARE ADHERED TO BY: DEQ REGULATIONS: TITLE 124

*AN ELECTRICAL INSPECTION IS REQUIRED FOR ANY CONSTRUCTION.

Intended Use: _____ Front Setback: _____ Side Yd: _____ Rear Yd: _____
Use of building(s) now on parcel: _____ No. of Buildings on site: _____
Does Zoning allow for this kind of construction: _____ Is this construction on a Minimum Maintenance Road? _____
Is this property in the Flood Plain: _____ If yes, does the Landowner understand this liability? _____

Builder: _____
Plumber: _____
Electrician: _____

SEWARD COUNTY REQUIRES AN ELECTRICAL INSPECTION

Note: Permits may be required on any plumbing, electrical, and sewer work. Inquire about ordinances governing this type of work. Sidewalks must be constructed by code.

ESTIMATED COST \$ _____

Plans and Schedules submitted: _____ sets.

FEE: \$ 75 Receipt #: _____

I hereby certify that the above statements are correct and that if a Zoning Permit is issued, all work will be done in accordance with all applicable Seward County Zoning Regulations.

The permit is valid for 1 year from approval date.

Applicant Signature _____

Approval Date _____

Project must be Completed by _____

Administrator Signature _____

I UNDERSTAND THAT THE COUNTY ASSESSOR'S OFFICE WILL BE OUT FOR BUILDING ASSESSMENT AND PHOTOS.
I UNDERSTAND COUNTY ZONING WILL INSPECT COMPLETED STRUCTURE FOR ISSUANCE OF CERTIFICATE OF OCCUPANCY _____ Applicant initials

Updated 11/6/2024