

# Application for Lot Size Exemption

Fill out application completely. Use additional sheets if needed.

Date: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Owner's Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell)

Address of Property Requesting Exemption: \_\_\_\_\_

Section: \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell)

Owner Signature (Required): \_\_\_\_\_

Applicant signature: \_\_\_\_\_

**\*\*Please attach a drawing showing lot size, existing buildings, septic tank, distance between and any driveways. In consideration of the issuance of this permit, the applicant hereby certifies that the above statements are true and correct and hereby agrees to comply with the zoning regulations and other regulations in effect. If in violation of regulations or through misrepresentation of facts, this permit then becomes null, and void and applicant may be subject to penalties established.**

---

## Office use only:

Approximate number of acres: \_\_\_\_\_

Remarks: \_\_\_\_\_

Permit Approved: \_\_\_\_\_ Permit Denied: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

Official Signature: \_\_\_\_\_

Kearney County Zoning Administrator  
424 N Colorado Ave  
PO Box 144  
Minden, NE 68959  
Phone: 308-830-0589 email: [Kczoning@kearneycountyne.gov](mailto:Kczoning@kearneycountyne.gov)