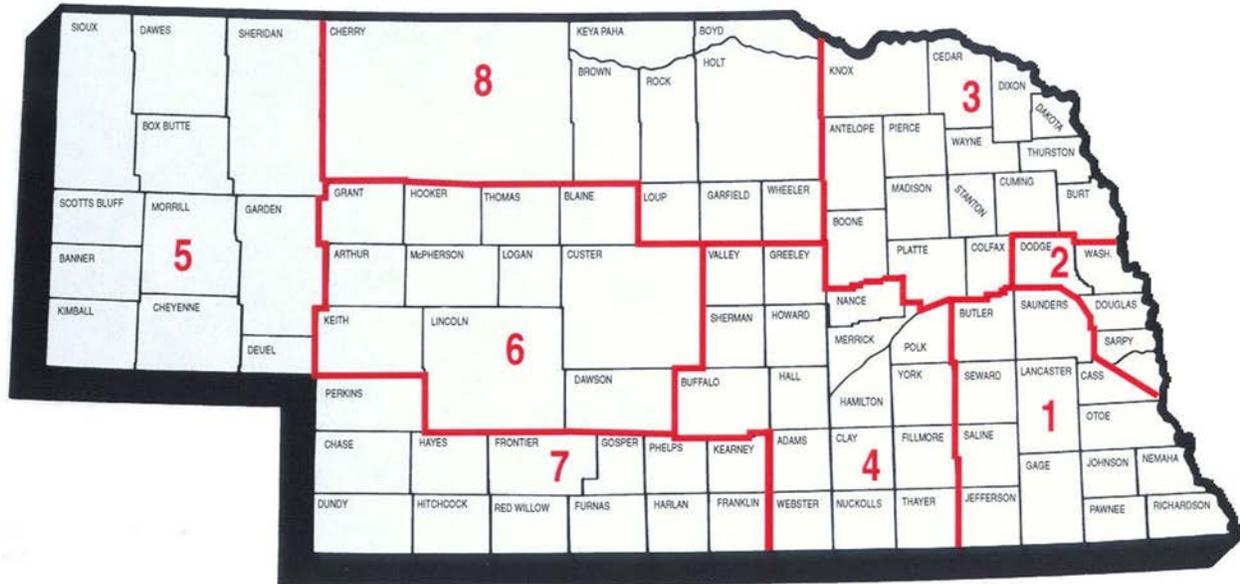


The following form may be filled out *signed, dated and mailed or faxed* to the appropriate District Permit Officer.



District 1
 Nebraska Department of Roads
 District 1 Permit Officer
 302 Superior St
 PO Box 94759
 Lincoln NE 68509-4759
 Phone: (402) 471-0850
 Fax: (402) 471-3401

District 2
 Nebraska Department of Roads
 District 2 Permit Officer
 4425 S 108th St
 PO Box 45461
 Omaha NE 68145-0461
 Phone: (402) 595-2534
 Fax: (402) 595-1720

District 3
 Nebraska Department of Roads
 District 3 Permit Officer
 408 N 13th St
 Norfolk NE 68701
 Phone: (402) 370-3470
 Fax: (402) 370-3473

District 4
 Nebraska Department of Roads
 District 4 Permit Officer
 211 N Tilden
 PO Box 1488
 Grand Island NE 68802-1488
 Phone: (308) 385-6265
 Fax: (308) 385-6269

District 5
 Nebraska Department of Roads
 District 5 Permit Officer
 140375 Rundell Rd
 PO Box 220
 Gering NE 69341
 Phone: (308) 436-6587
 Fax: (308) 633-6614

District 6
 Nebraska Department of Roads
 District 6 Permit Officer
 1321 N Jeffers
 PO Box 1108
 North Platte NE 69103-1108
 Phone: (308) 535-8031
 Fax: (308) 535-8034

District 7
 Nebraska Department of Roads
 District 7 Permit Officer
 38764 US Hwy 6
 McCook NE 69001-7903
 Phone: (308) 345-8495
 Fax: (308) 345-8412

District 8
 Nebraska Department of Roads
 District 8 Permit Officer
 E Hwy 20
 736 E 4th St
 Ainsworth NE 69210-1215
 Phone: (402) 387-2471
 Fax: (402) 387-1498

Nebraska Department of Roads

Application for Junkyard Permit

Date of Application:
Existing Sign – Date Erected:

Attach the following to the application

1) If tenant, a copy of the **lease** with the landowner. 2) A **plot plan showing the location of the junkyard**. 3) A copy of the **permit or a copy of a written approval** from the Local Permit Authority that they will issue a permit for this specific junkyard contingent upon the Nebraska Department of Roads issuing a permit for this specific location. 4) Screening plan, if required. (See *Screening Criteria below.*)

Name of Junkyard Owner:	Telephone No.:	Name of Landowner:	Telephone No.:	OFFICE USE ONLY
Name to be Printed on Permit:		Address:		
Address:				
SCREENING CRITERIA				
<p>Junkyards established after August 27, 1971, which are not in areas zoned or unzoned industrial shall submit a plan for screening the junkyard from view of the traveling public. The Department will determine if the screening is acceptable and can be maintained to a standard to comply with the rules. See NAC Title 410, Chapter 4, Section 009.</p>				
Verification of Zoning of Junkyard Location			Verification of Unzoned Location	
Zoning Jurisdiction of: <i>(City or County)</i>			Jurisdiction of: <i>(City of County)</i>	
Zoning Type: <i>(attach copy of zoning map of the sign location)</i>			The location where this junkyard is to be located is unzoned.	
Industrial:	Note specific zoning category:		Printed Name of City or County Clerk verifying junkyard location is unzoned.	
Printed Name of Local Zoning Authority <i>(verifying zoning of location)</i> :			<i>Dated:</i>	
<i>Dated:</i>			Signature of City or County Clerk verifying junkyard location is unzoned.	
Signature of Local Zoning Authority <i>(verifying zoning of location)</i> :			<i>Dated:</i>	
<i>Dated:</i>				
LOCATION OF JUNKYARD				
County:	Hwy. No.:	Side of Hwy.:	Reference Post to Nearest Tenth of a Mile <i>(Example 80.2)</i> :	
		<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W		
Section:	Township:	Range:	If platted, provide lot, block, and subdivision:	
APPLICANT REMARKS			APPLICANT CERTIFICATION	
			<p>I certify all information provided above is true and accurate.</p> <p>A permit issued pursuant to this application may be revoked and applicant's junkyard removed by the Nebraska Department of Roads at applicant's expense if:</p> <ol style="list-style-type: none"> 1. Applicant has provided false or misleading information on this application. 2. The establishment of a junkyard which violates State or local laws regarding zoning or violates State laws or Nebraska Department of Roads' rules and regulations NAC Title 410, Chapter 4. 	
			Printed Name of Applicant:	
			Signature of Applicant:	Date:
			Above signature is of: <input type="checkbox"/> Owner <input type="checkbox"/> Officer <input type="checkbox"/> Agent	
			Address of Officer or Agent:	
			Phone No.:	
DEPARTMENT OF ROADS, LINCOLN OFFICE USE ONLY				
<input type="checkbox"/> Business Check <input type="checkbox"/> Personal Check Other <i>(describe)</i> :			Office Remarks:	
Check No.:	Amount:	Date Received:	Initial:	
Staff Review <i>(Initial and Date)</i> :		Supervisor Review <i>(Initial and Date)</i> :		