

**APPLICATION FOR  
MAJOR SUBDIVISION**

**City of Waverly**

**Building Department  
P.O. Box 427  
14130 Lancashire St.  
Waverly, NE 68462**



REVISED BY RESOLUTION ON 9/28/2021  
EFFECTIVE DATE 11/1/2021

**Fax 402.786.2312  
Fax 402.786.2490**

[www.citywaverly.com](http://www.citywaverly.com)

**PLAT FILE #**

**DATE**

**PROPERTY OWNER INFORMATION**

Contact Name:	Phone:
Address:	Fax:
City: State:	Zip:
Email	

**SUBDIVIDER INFORMATION**

Contact Name:	Phone:
Address:	Fax:
City: State:	Zip:
Email	

**ENGINEER INFORMATION**

Contact Name:	Phone:
Address:	Fax:
City: State:	Zip:
Email	

**PLANNING INFORMATION**

Proposed Name of Addition:  
 Legal Description (PLSS):  
 Current Zoning:  
 Proposed \*\* Zoning:

Brief Description of proposed Major Plat:

**FEES**

\$ _____	Review Fee *	Date Paid _____
\$200.00	Filing Fee	
\$ _____	<b>TOTAL</b>	Date Paid _____

X \_\_\_\_\_  
 Signature of Applicant Date

\* The review fee is to cover all the estimated costs for the City's Consultant review fees. Any balance of retainer will be refunded to the Subdivider. If review fees are exhausted by the City's Consultant due to un-foreseen changes, then additional retainage will be required.

\*\* All changes to zoning districts must be completed through the zoning change process. Applications are available through the Zoning Administrator.