

Building Permit Application

Telephone 402-296-4168
 Fax 402-296-3600

PERMIT NUMBER:		DATE RECEIVED:		
SITE ADDRESS: _____ _____		PARCEL NUMBER: _____		
ADDITIONAL REMARKS: _____ _____		ZONED: _____	FLOOD ZONE: <input type="checkbox"/> YES <input type="checkbox"/> NO ZONE: _____	
FLOOD PLAIN DEVELOPMENT PERMIT REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO				
SITE INFORMATION:				
PROPERTY OWNER INFORMATION				
NAME:		TELEPHONE:		
ADDRESS:		EMAIL:		
CITY, STATE, ZIP				
CONTRACTOR INFORMATION				
LEAVE BLANK IF INFORMATION IS THE SAME				
COMPANY NAME:		TELEPHONE:		
COMPANY ADDRESS:		EMAIL:		
LICENSE NUMBER:				
BUILDING INFORMATION:				
SETBACKS				
FRONT YARD:	SIDE YARD LEFT:	SIDE YARD RIGHT:	REAR YARD:	
WATER SUPPLY: <input type="checkbox"/> CITY <input type="checkbox"/> RURAL <input type="checkbox"/> PRIVATE	WASTE DISPOSAL SYSTEM: <input type="checkbox"/> MUNICIPAL <input type="checkbox"/> ON SITE DISPOSAL SYSTEM			
FRAME TYPE:	BUILDING SIZE:			
NUMBER OF FLOORS:	TOTAL SQFT OF BUILDING OR ADDITION:			
HEATING:	WAIVERS NEEDED:			
DESCRIPTION OF PROPOSED WORK:				
NEW CONSTRUCTION <input type="checkbox"/>	EXISTING BUILDING <input type="checkbox"/>	ADDITION <input type="checkbox"/>	DEMOLISH <input type="checkbox"/>	ACCESSORY BUILDING <input type="checkbox"/>
ROOFING <input type="checkbox"/>	NEW SIGN <input type="checkbox"/>	IMPACT FEE	SEPTIC SYSTEM NEW <input type="checkbox"/> REPAIR <input type="checkbox"/>	
BUILDING MOVING HOME <input type="checkbox"/>	OTHER LARGE LOADS <input type="checkbox"/>	OTHER <input type="checkbox"/> SPECIFY:		
MOBILE/MODULAR <input type="checkbox"/>	COMMERCIAL <input type="checkbox"/>			

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BRIEF DESCRIPTION OF PROPOSED WORK: _____

PLUMBING/MECHANICAL	
NUMBER OF MECHANICAL:	NUMBER OF PLUMBING:

CONSTRUCTION COST:	
ITEM:	COST:
VALUE OF CONSTRUCTION	
BUILDING 01-01-42103	
WATER CONNECTION 09-30-44045	
SEWER CONNECTION 08-20-44045	
WATER IMPACT 36-20-46000	
SEWER IMPACT 36-30-46000	
PLUMBING/MECHANICAL(\$30 plus \$5 per fixture) 01-01-42103	
SEPTIC SYSTEM: NEW \$500, REPAIR \$150 01-01-42103	
DEMOLITION (See fee ordinance) 01-01-42103	
SIGN (See Fee Ordinance) 01-01-42103	
TOTAL PERMIT FEE:	ALL FEES ARE LISTED ON ORDINANCE 2008

PLEASE NOTE:
 A **PLAT OF SURVEY** showing **PROPERTY LINES IS REQUIRED** with all new construction and building addition permit applications.

Terms: In consideration of this application and attached forms being made a part hereof, and the issuance of this permit, I/we agree to the following terms: All work performed under said permit shall be in accordance with the plans which accompany this permit application, except for such changes as may be authorized or required by the Building/Zoning Official; the proposed work is authorized by the owner of record, and that I/we have been authorized by the owner to make the application and/or schedule all necessary inspections as an agent; all work will conform to all applicable codes, laws, and ordinances of the City of Plattsmouth. I/we as owner of record or authorized agent are responsible to abide by all rules, ordinances, and any association restrictions as may apply to the proposed work associated with this permit. I/WE AGREE TO NOT OCCUPY THE BUILDING UNTIL ALL INSPECTIONS HAVE BEEN PERFORMED AND A CERTIFICATE OR OCCUPANCY HAS BEEN ISSUED. **This Permit is a public document and all information on it is subject to public review pursuant to the Nebraska Freedom of Information Act.**

SIGNATURE/AUTHORIZED AGENT: _____ DATE: _____

REVIEW CONCLUSIONS
 BUILDING INSPECTOR/AUTHORIZED CITY OFFICIAL

REMARKS: _____

APPROVED _____ NOT APPROVED _____ DATE ISSUED: _____