

**MUNICIPAL SERVICES DEPARTMENT
BUILDING INSPECTION DIVISION
APPLICATION FOR BUILDING PERMIT**

LOCATION OF BUILDING			
ADDRESS _____		ZONING DISTRICT _____	
SUBDIVISION _____	LOT _____	BLOCK _____	LOT SIZE _____

TYPE AND COST OF BUILDING / SELECTED CHARACTERISTICS OF BUILDING		
A. TYPE OF IMPROVEMENT <input type="checkbox"/> New Building <input type="checkbox"/> Addition (If residential, enter number of new housing units added if any, in Part E) <input type="checkbox"/> Alteration (Same as above) <input type="checkbox"/> Repair, replacement <input type="checkbox"/> Wrecking <input type="checkbox"/> Moving (Relocation) <input type="checkbox"/> Foundation only	E. PROPOSED USE <u>RESIDENTIAL</u> <input type="checkbox"/> One Family <input type="checkbox"/> Two or more family - # of units _____ <input type="checkbox"/> Hotel or Motel - # of units _____ <input type="checkbox"/> Garage <input type="checkbox"/> Carport <input type="checkbox"/> Other - Specify _____ _____ _____	H. PRINCIPAL TYPE OF FRAME <input type="checkbox"/> Masonry (Wall Bearing) <input type="checkbox"/> Wood Frame <input type="checkbox"/> Structural Steel <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Other - Specify _____ _____
B. COST Total Cost \$ _____	F. DIMENSIONS - RESIDENTIAL Number of Stories _____ Main Floor Area _____ Above Main Level Area _____ Basement Floor Area _____ Garage Floor Area _____ Total Floor Area _____	I. PRINCIPAL TYPE OF HEAT <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electricity <input type="checkbox"/> Other - Specify _____ _____
C. NONRESIDENTIAL Number of Stories _____ Type of Construction _____ Occupancy Group _____ Main Floor Area _____ Above Main Level Area _____ Basement Floor Area _____ Total Floor Area _____		J. TYPE OF WATER SUPPLY <input type="checkbox"/> Public or Private Company <input type="checkbox"/> Private (Well or Cistern)
D. TYPE OF MECHANICAL Will there be central air conditioning? <input type="checkbox"/> Yes <input type="checkbox"/> No Will there be an elevator? <input type="checkbox"/> Yes <input type="checkbox"/> No	G. RESIDENTIAL BUILDINGS ONLY Number of Bedrooms _____ Number of Bathrooms: Full _____ Partial _____	L. NUMBER OF OFF STREET PARKING SPACES Enclosed _____ Outdoors _____ Handicap _____

IDENTIFICATION	
NAME OF OWNER OR LESSEE	MAILING ADDRESS AND PHONE NUMBER
NAME OF CONTRACTOR	MAILING ADDRESS AND PHONE NUMBER
NAME OF ARCHITECT OR ENGINEER	MAILING ADDRESS AND PHONE NUMBER

The person signing this application for permit and the person receiving and accepting the permit to construct said project certifies that they are familiar with the building and zoning codes of the City and that the project will be constructed in compliance with the City Building Code, zoning regulations, State of Nebraska codes and all other applicable codes.

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws of this jurisdiction.

Printed Name of Applicant	Signature of Applicant	Application Date