

APPLICATION FOR BUILDING PERMIT

Date: [] No. [] Fee: \$ []

Name [] Address []

Project Address (If different from above) [] Daytime Phone Number []

Lot(s) [] Block [] Addition []

WORK TO BE COVERED BY THIS PERMIT: New Alteration

(May be filled in by City if not known)

Zoning District

- AG
 AG-1
 R-1
 R-2
 R-3
 R-4
 C-1
 C-2
 I-1
 I-2
 GB
 P

Occupancy Classification

- Assembly
 Business
 Educational
 Factory/Industrial
 High Hazard
 Institutional
 Mercantile
 Residential
 Storage
 Utility/Misc.

Water Heater

- Gas Electric

Stamped Plans

- Yes No

Floodplain Elev. Certificate

- Yes No

Fire Marshall Approval

- Yes No
(Attach Copy of Approval)

Electrical Inspection Permit

- Yes No
If permit required -
 City State of Nebr.

Wellhead Protection

- Yes No

Backflow Device

- Yes No

Septic Tank/Drain Field

- Yes No
(Attach plan approval from DEQ)

Principal Heating Source

- Gas Electric Resistance
 Air to Air Heat Pump
 Water Source Heat Pump

Description of Project: _____

(new; alteration; move; fence; satellite; sprinkler system; fireplace; manufactured)

Owner: _____ Address: _____

(If different from above)

Architect and / or Engineer _____ Address: _____

Contractor: _____ Address: _____

Electrical Contractor _____ Plumbing Contractor _____

Building dimensions _____ x _____ Above ground: Yes No Basement: Yes No

Height: _____ Number of stories _____ Garage: None Attached Detached

Structure Square Footage _____
(Excluding attached Garage - 3 stall maximum)

Estimated cost: \$ _____

Work will commence _____ and be completed on or about _____
and will, in all respects, be constructed according to provisions of the ordinances of the City of Gothenburg and the International Building Code, National Electric Code and International Plumbing Code.

A MINIMUM 24-HOUR NOTICE IS REQUIRED FOR ALL INSPECTIONS.

Call Building Inspector Cell Phone 308-325-3309 or City Office 308-537-3677 to Schedule Inspections

I hereby certify that the above statements are correct and that if the building permit is issued all work will be done in accordance with the ordinances of the City of Gothenburg. SIGNATURE REQUIRED FOR PERMIT APPROVAL.

OWNER _____ DATE _____

APPROVED: DENIED

Comments or Reason for Denial

Building Inspector _____ Date _____

ATTEST: City Clerk _____ Date _____

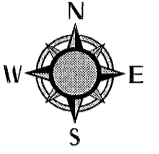
Upon approval of your application, a signed and dated copy will be mailed to you and will serve as your building permit.

*A permit under which no work is commenced within 6 months or abandoned for a period of 60 days after issuance, shall expire by limitation and a new permit shall be secured. Occupancy shall not take place until final inspection has been made and approval given by the City Building Inspector.

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*By Resolution 2008-2, permit fees for work begun before obtaining a building permit will be 1.5 times the permit fee.

Complete Plot Plan & Indicate Curb Cuts Needed



Large empty rectangular box for the plot plan and curb cut details.

BE ADVISED: All renovations and demolitions may be subject to State and Federal regulations regarding asbestos removal. It is the contractor and owner's responsibility to determine applicability of the statutes and be in compliance with regulations. Information is available from State of Nebraska Dept of Environmental Quality and Nebraska Dept Health & Human Services.

It will be the applicant's obligation and responsibility to verify the existence and location of electric, water, sewer, Cable TV, telephone, and natural gas lines at the construction site.

Remember to call before you dig: Digger's Hotline: 1-800-331-5666 or 811

CERTIFICATE OF OCCUPANCY

This Certificate issued pursuant to the requirements of Chapters 3, 4, and 6 of the International Building Code certifying that at the time of issuance this structure was in compliance with the various ordinances of the City of Gothenburg regulating building construction or use. For the following:

Use Classification _____ Building Permit No. _____

Type of Construction _____ Zoning _____

Contractor / Owner _____

Structure Address _____

Building Inspector

Date: